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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

WILLS -

PASSIM

Decadent Decade

Throughout the past ten days or so, together with seasonal greetings and the emotional festivities of Christmas, we have been showered with the reminiscences of journalists perhaps more acclaimed than these columns will ever boast. We have been presented with the man, or indeed woman, of the decade if in actuality such a revered person has existed; the most terrifying or tantalizing time of the decade and of course the world, this decade. The likelihood is that this soul-searching will be protracted through twelfth night, the traditional time to remove the seasonal festoons, deep into the new year. Through the media of newspapers and magazines, of radio and television, we have read, listened to, or watched a lesson in history delivered by persons eminent but anxious not to omit "the" most devastating decadal or earth shattering event, or perhaps more contemporarily, a happening. The world's encyclopaedia and almanac have been consulted, digested and displayed by an accomplished troupe of actors to an attentive yet unsuspecting audience. As the curtain rises, it becomes apparent that every interval in time ending with a not altogether meaningless zero, is a time for a hazy backward glance into the rapidly vanishing past.

It would be both unnecessary and unfair to recall, in these columns, persons or events that have changed or influenced our well-being throughout the past ten years. Nevertheless, it is obvious, acutely obvious, that the past decade has seen as much violence and social upheaval as was given to those of older generations, who lived through times of world-war. The wind of change was felt to blow forcefully during the early part of the decade, not altogether kindly in the direction of these isles. The map of black Africa changed significantly, displaying the picture of nationalism where imperialism had once reigned. The so-called "white" African territories reacted predictably, guarding themselves against the hostility of the rest of the world. The resulting tribal barbarism we see in parts of that continent today, are a lesson to us that the independence of man and his country are not the solution of man's continual desire to destroy his brother.

Racial intolerance and disharmony festered and came to a head in one of the most sophisticated and technologically advanced societies. This was amplified by a series of vicious assassinations of those who had striven for the equality of civil liberties irrespective of colour and religion. This same society was able to put a man on the moon, a perfect observation dome of the tumult below.

The "cold war" continued and so did the killing. Permissiveness became the word of the decade, with the result that sexual promiscuity, drug addiction and contraception are no longer discussed behind closed doors, and have touched the most sheltered social conscience. A sentimental look at the sixties? Maybe, but an uncertain foundation for the seventies.

H.M.G. wishes you a Happy New Year

Members of the Medical community share certain characteristics with the Police, Firemen, and other classes of workers.

Firstly, all belong to essential services which must be maintained at all times.

Secondly, all are State-employed.

Finally, all complain that they are badly paid.

Because they belong to "essential" services they cannot use withdrawal of labour as a tool when negotiating for higher pay. This contrasts with some industries where strike action seems to be almost a routine measure when making pay claims.

A junior hospital doctor is now paid a liveable wage although it is hardly an ample reward for very long hours and virtual exclusion from the normal social life of the community.

Laboratory technicians and pharmacists have better chances in industry—so they have gone there.

Firemen and policemen do not have such an intense training but deserve to be well paid for unpleasant and sometimes dangerous work.

What of the Nurses?

The title "Student Nurse" sounds impressive but anyone who has wandered round the wards watching Nurses "studying" will know that it is rather misleading. Without their long hours of hard work carrying considerable responsibility, hospitals would cease to function. Although Nurses are paid as little as students they have none of their advantages. Unlike students they cannot "disappear" for the odd day with no questions asked.

Sixty years ago these conditions were tolerated because there was no alternative. Today a girl leaving school can choose almost any career. Nursing is probably one of the most useful but carries with it the penalty of being almost unpaid. Any girl with enough intelligence and determination to become a Nurse knows that she could probably earn twice as much in a different profession. Many will do so in the future unless Nursing pay scales are made comparable to those of other careers.

So let us hope that the present campaign to "Raise the Roof" meets with the success that it deserves.

Keats Memorial Lecture

Three bodies, the Worshipful Society of Apothecaries of London, the Royal College of Surgeons of England and Guy's Hospital combined to found a Keats memorial lecture. We print the inaugural lecture in this issue, knowing the interest the medical profession has for John Keats and our special interest for him because he had entered on a medical career at Guy's.

Mr. Patrick Wensley Clarkson, M.B.E., F.R.C.S.

It is with deep regret that we have to announce the death, on Sunday, 28th December, of Mr. Patrick Clarkson.

GUY'S DIARY

JANUARY

6	Tu	1.00	Clinical Lecture. Mr. BURRY. "Rheumatoid Disease."
9	F	1.00	Clinical Lecture. Mr. BRAIN. "Dysrhythmias of the Oesophagus."
12	M	1.00	Clinical Lecture. Dr. H. A. CONSTABLE, Secretary of the Medical Protection Society. "Medico-Legal Hazards."
13	T	1.00	Clinical Lecture. Dr. MOYNAHAN.
15	Th	1.00	Clinical Lecture. Mr. MURRAY FALCONER. "Temporal Lobe Epilepsy in Childhood and Adolescence."
16	F	1.00	Clinical Lecture. Dr. T. J. H. CLARKE. "CO_2 Retention."

KEATS

THE MAN, MEDICINE AND POETRY

by

Lord Evans of Hungershall, M.A., D.Litt.,
LL.D., F.R.S.L.

The conception of this lecture is a gracious gesture, for no poet was ever so involved with medicine as John Keats. I would pay a tribute to the kindly interest which, even before the institution of this lecture, the medical profession has shown in Keats. When his apprenticeship was over he came to study in the joint medical school of the United Hospitals, as Guy's and the adjoining and older foundation of St. Thomas's were then called. Guy's has always remembered him, and the earliest medical study of Keats, entitled *Keats as Doctor and Patient,* was published in 1937 by Sir William Hale-White, a distinguished consulting physician of Guy's. There have been many books on Keats; indeed, I have written one myself—it was published in 1934. It has one thing in common with Sir William Hale-White's distinguished study, for while both were based on the most reliable information then available most of what they record of Keats's life is now proved to be inaccurate. This has been due to the outstanding work of four scholars, three of them American, Professors C. L. Finney, W. J. Bate, and Aileen Ward. To these must be added the work of an Englishman, and the greatest Keats scholar of our generation, Robert Gittings, whose definitive life appeared in 1968 and tells us all that we are ever likely to know of the poet unless there is some very unexpected find. If I am able to adjust the record it is solely owing to my dependence on these four scholars, and particularly on Robert Gittings.

One must always remember the brevity of Keats's life and how medicine absorbed his youth and so much of his adult years. He died on Friday, 23rd February, 1821, four months after his 25th birthday, and the last year of his life had been one of a posthumous existence in mental and physical anguish. How short was that life can be seen by recalling that both Keats and Thomas Carlyle were born in 1795. Carlyle, who, like his wife, was always complaining of ill-health, lived on to 1881—60 years longer than Keats, who was infected by tubercle bacilli while nursing his brother Tom in 1818, just 64 years before Koch discovered the cause of the infection.

Further, Carlyle was able to spend the whole of his long life in the pursuit of literature, in reading and writing. Keats—and this is based on the new and revised information—was apprenticed to Hammond, the apothecary, in October 1810. A number of biographers have assumed, as I did in 1934, that all this happened in 1811, and that Keats was at school until he was 16. But it is clear now that the Society of Apothecaries, following the Act of 1815, would not admit anyone to hospital study and so to their examination unless he had been an apprentice for a full five years. The notion that somehow the period could have been shortened in Keats's case has gained wide currency. Sir William Hale-White writes: "for some unknown reason his apprenticeship was shortened to four years". We know now that this is erroneous. Keats left school at the age of 14 and 8 months. He did not fully give up medicine until he was over 21—that is, in 1816. Only four years remained to be devoted solely to poetry, and, as we have seen, ill-health crept in malignantly on the end of that brief period.

Entry into Medicine

There has often been a suggestion that Keats was forced into medicine. It is a groundless surmise. I will not explore in detail the financial history of the Keats family. Mr. Robert Gittings has after years of research made it as clear as it will ever be. Some facts are indisputable. John Keats and his brothers derived their main income from a trust which had been arranged on their behalf by the generosity of their grandmother, Mrs. Jennings. This was administered after their mother's death by Mr. Abbey, a tea-merchant, and another trustee who seems to have been wholly inactive. It has long been part of the Keats legend to present Mr. Abbey as Keats's evil genius, as the unimaginative man of commerce who forced the poet into the profession of medicine, which he did not wish to pursue. All this is untrue, but there is one lesson that I think many of us can learn from Mr. Abbey, and that is do not go to a good city dinner and then afterwards indulge in reminiscences and confidences. At least, if you do, make sure that no one is taking it down. Yet this was exactly the error into which Mr. Abbey fell. Years after Keats's death he dined at the Girdlers' Company and afterwards had a long talk with Keats's friend and publisher, Mr. Taylor. He talked freely and inaccurately, and unfortunately almost everything he said was recorded and reproduced in the early lives of Keats.

As a trustee, in my view his conduct was unexceptionable, at least so far as John Keats and his brothers were concerned. When later he came to settle the affairs of their sister, Fanny, he is more open to criticism. He could not know that Keats as a boy of 15 would be a poet, for the very good reason that Keats did not know himself. Indeed, at this period Keats was not conspicuously interested in literature or even in reading. I share the view that Keats wanted to be a doctor, because he had nursed his mother in her last illness and had seen her die. He wanted to be a doctor for the best of all reasons, that he had a genuine desire to heal the sick. To the trustees, given the funds they had available, it was a reasonable proposal. Further, the means to put the plan into action were conveniently at hand. Thomas Hammond, a Guy's man, wasc the family physician, and attended Keats's mother. He was prepared to take an apprentice, and to him Keats went. There is much evidence that at this time Keats was high-spirited, even aggressive. He was certainly not "bookish," and everthing about him was far removed from the sentimentality which was later to be found in his earliest poetry. It may have been some excess of animal spirits that led him temporarily at least to quarrel with Hammond. But there was mutual respect, and Keats probably entered Guy's better equipped than most students of his time.

Another illusion is that Keats was turned away from medicine by physical repugnance at hospital conditions at the beginning of the century: the blood, the smells, and the cries of agonized patients under the surgeon's knife. Sir William Hale-White quotes a graphic account of the contemporary operating-theatres and then adds, "What must have been the sensations of a patient coming into a crammed theatre like this ; what must have been the feelings of a dresser like Keats, with his nature, when attending such a loathsome cruel exhibition? There is no evidence to support this view. It is writing into Keats's youth the sentimental view of his temperament that Shelley and others, innocently, presented after his death :

A pale flower by some sad maiden cherished.

This was not the young Keats who, if his height had permitted, might have become a soldier. There was a toughness in the young man himself as there was in the times. Southwark had still almost an Elizabethan quality with its bear-baiting performances, and Keats showed to his friend Cowden Clarke how much he enjoyed these entertainments. He knew what to expect at Guy's before he went there, and he accepted it as part of human life, as a way of alleviating suffering. There is further evidence that contradicts this view once popularly held. All that was necessary for Keats to do to qualify for appearance before the Court of Examiners of the Society of Apothecaries was a successful period of six months' hospital study after the completion of his five years as an apprentice. Keats registered at Guy's not for six months but for a full year. This meant that he was aiming at Membership of the Royal College of Surgeons as well as becoming a Licentiate of the Society of Apothecaries. On 1st October, 1815, he paid a preliminary fee of £1 2s. 0d. and on the next day paid a further fee of £25 4s. 0d. to register as a surgical pupil for 12 months. All this confirms how earnest was his intention, and he must have convinced Mr. Abbey that these extra fees were worth while and the further period of study which the law did not exact when he began his apprenticeship.

Surgery at Guy's

I have tried to keep to the facts, and now I enter on the area of surmise and speculation. My own belief is that if circumstances had been a little different Keats might have remained in medicine and poetry could have been extinguished or at least have played a subordinate role. Surgery when Keats entered Guy's was a matter not only of knowledge but of great physical dexterity and rapidity of skilful action. Without anaesthetics, with the patient drowsed with laudanum and strapped down, the physician had to perform the remedial act in a period of seconds. Now there was one surgeon at Guy's who, given the state of surgical knowledge at the time, performed all this with renowned excellence. He was Astley Cooper, and a notebook survives in which Keats summarized 12 of his lectures. Either through his own merits or from some personal introduction Keats appears to have caught Astley Cooper's attention. It was Astley Cooper who put him under the care of his own dresser, and Keats must have admired the professional dexterity of this exceptionally able surgeon. But Keats was not to continue under Astley Cooper's influence.

Keats became dresser to William Lucas, the son of a most competent surgeon to whom Hammond himself had been a dresser in the days of his training. Unfortunately, it was only his father's name that Lucas Junior inherited, and in those days in medicine, as in many other professions, your father's name was an adequate guarantee to appointment to responsible office. As Robert Gittings writes: "Dogged by ill-health, including premature deafness, ' Billy ' Lucas had never been fit enough to study anatomy in the unhealthy dissecting-rooms of his day; but the influence of a successful father proved stronger than this handicap, and in 1799 he succeeded to the parental position as surgeon in the hospital. Here he began a career of butchery which even his generous colleague, Astley Cooper, was to recall with horror: ' he was neat-handed ' (Astley Cooper recalled) ' but rash in the extreme, cutting amongst the important parts as though they were only skin, and making us all shudder from the apprehensions of his opening arteries or committing some other error.' " Robert Gittings adds: "He put students off surgery, not as has been suggested because he was dull, but because he was dangerous; the person most to appreciate the danger was his own dresser, left to clear up the mess he had made." And his dresser was John Keats.

It was at this time, and in my view owing to the horror of watching Lucas operate, that led Keats away from medicine, though, as I shall suggest later, the attraction of poetry was there already, in an enticing and most agreeable manner. But despite the horrors of the dressers' room, the constant bleeding of patients, the horror of seeing the absence of surgical skill that approached manslaughter, he persisted with medicine. If anything shows the character of the man it is resolve to see this through and to qualify for the final test. His trustees had been making available payments from his share of the legacy, which meant that he had called heavily on his capital. So he came on 25th July, 1816, to sit his examination in the Apothecaries Hall in Blackfriars in translation of the *Pharmacopoeia* and physicians' prescriptions, the theory and practice of medicine, Pharmaceutical chemistry, and materia medica. The examination was not in any way nominal, as some early accounts suggest. Astley Cooper himself commented on the improvement in medical education which had followed the Apothecaries Act, and the "certain course of education," which it prescribed "indispensable for medical students."

Keats passed, and passed although his mind was already awakened to literature. Yet he did not immediately abandon his intention to be a surgeon. He was bound by his trustee, Abbey, until he was 21 and his own mind was confused. Charles Brown, his strange but intimate friend, was to confirm the view that it was not poetry that drove Keats out of medicine but rather the fear that he might perform like Lucas and commit some fatal accident. "He has assured me the muse had no influence over him in his determination, he being compelled, by conscientious motives alone, to quit the profession, upon discovering that he was unfit to perform a surgical operation." "My last operation," he quotes Keats as saying, "was the opening of a temporal artery." Brown confused what Keats actually did with what he was afraid of doing, what indeed he had seen Lucas do. Keats was in fact opening a vein, and he commented to Brown: "I did it with the utmost nicety; but reflecting on what passed through my mind at the time, my dexterity seemed a miracle and I never took up the lancet again."

Devotion to Poetry

In the late autumn of 1816 Keats had his final interview with Abbey, and it is not difficult to realize the shock Keats's trustee must have had to hear that he intended to abandon his profession. It was a very lonely moment for a young man with no parents or older friend to guide him. The interview must have been a heated one, and Keats was led to speak with a self-sustaining confidence: "My mind is made up . . . I know that I possess abilities greater than most men, and therefore I am determined to gain my living by exercising them." From that day onwards he devoted himself to poetry. But he never spoke a hostile word about medicine and his medical studies and he kept his medical books. Yet as he left the old environs in Southwark he seemed to feel a breath of fresh air :

To one who has been long in city pent,
'Tis very sweet to look into the fair
And open face of heaven,—to breathe a prayer
Full in the smile of the blue firmament.
Who is more happy, when, with heart's content,
Fatigued he sinks into some pleasant lair
Of wavy grass, and reads a debonair
And gentle tale of love and languishment?
Returning home at evening, with an ear
Catching the notes of Philomel,—an eye
Watching the sailing cloudlets bright career,
He mourns that day so soon has glided by:
E'en like the passage of an angel's tear
That falls through the clear earth silently.

How was it that the boy who had left school before he was 15, and had been diligent in his medical studies and the gruesome tasks that fell to a dresser at Guy's, had also become a poet? At first he was not a very good poet, but still a poet, and by the autumn of 1816 one who was prepared to risk all on success as a poet.

It is certainly the happiest part of the turbulent story of Keats's life, an episode of unalloyed pleasure. It has some profound moral for those who conduct education today, though I would prefer not to try to define exactly what it is. Certainly it demonstrates that in education personal relationships are the most important factors. Visual aids, computerized methods, nothing can equal the direct human contact between the teacher and the taught. As a boy his home life could have offered him no security. When he was 8 his father fell from his horse and died. Two months after the funeral his mother remarried. Of his devotion to her there is no question, and his nursing of her in her final illness was, unless I am mistaken, a traumatic experience in his life. But during this whole period he must have been lonely and shaken.

Charles Cowden Clarke

It was at this time that he found the friendship of Charles Cowden Clarke, the son of the head master of his school. Fortunately for Keats it was a small school with a humane and forward outlook and above all a well-stocked library. John Clarke, the head master, was a man of liberal views, an anti-flogger, and his son Charles Cowden was a youth of a gentle and affectionate disposition, older than Keats, first a pupil in the school and later a teacher. While Keats was a medical apprentice to Hammond he would employ his free afternoons to walk over to Enfield and spend the time reading and later writing verses with Charles Cowden Clarke. The head master's table was always open to him for dinner, and it would often be late at night before he would set out on the walk back to Edmonton. Those afternoons and evenings with Charles Cowden Clarke were the most tranquil period of his whole life: they were certainly the period of his most real education.

At first there was little or no idea of writing poetry : that was to come in the spring of 1814. But reading became a genuine passion, and it is not surprising that with Cowden Clarke's guidance it was to a romantic poem such as Spenser's *Faerie Queene* that he became attached. Cowden Clarke in a famous passage describes how Keats "ramped through [the poem] . . . like a young horse turned into a Spring meadow." During the years with Hammond, Keats read with Cowden Clarke whenever an opportunity occurred, but it was during the early months at Guy's that he began, and not without agitation, to feel himself as a writer.

There is no greater excitement for a young poet than to meet some writer who is known and who has had his works published and whose reputation is already made. This was a service that Cowden Clarke performed for Keats by introducing him to Leigh Hunt. Of Leigh Hunt's generosity to Keats there can be no question. Embarrassed though he was by financial and other difficulties, he opened his home to the young poet and published his verses. He discovered in Keats "exuberant specimens of genuine though young poetry." The publication by Leigh Hunt of his sonnet in his radical paper the *Examiner* on 5th May, 1816, must have filled Keats with a sense of wonder. It may have been the beginning of the road from medicine to poetry. "The murky buildings" in the early lines certainly seem to suggest the area of Guy's and St. Thomas's as Keats knew them.

O Solitude ! if I must with thee dwell
   Let it not be among the jumbled heap
   Of murky buildings ; climb with me the steep—
Nature's observatory—whence the dell,
Its flowery slopes, its rivers' crystal swell,
   May seem a span ; let me thy vigils keep
   'Mongst boughs pavillion'd where the deer's swift leap
Startles the wild bee from the fox-glove bell.
But though I'll gladly trace these scenes with thee
   Yet the sweet converse of an innocent mind,
   Whose words are images of thought refin'd,
Is my soul's pleasure ; and it sure must be
   Almost the highest bliss of human kind
When to thy haunts two kindred spirits flee.

Is there not here the beginning of his own discovery of himself, the record of his friendship with Cowden Clarke, "the sweet converse of an innocent mind," and an awareness of a world so far from the crowds in the outpatient department with festering wounds to be dressed, with teeth to be extracted, and with the endless and allegedly curative bleeding?

Influence of Leigh Hunt

It could be argued that Leigh Hunt, despite all his generosity, was the worst influence to which Keats could be exposed. If one wanted to be superficially clever and yet profoundly unjust one could describe him as the Dr. Lucas—the Dr. Lucas junior—of poetry. For Leigh Hunt, who was a courageous radical and prepared to suffer imprisonment, and as a critic was alert enough to discover the genius of both Keats and Shelley, could himself write at times the most excruciatingly sentimental verses. Immediately before Keats met him he had undergone a two-year period of imprisonment in Surrey gaol for a most deliberate and bludgeoning libel on the Prince Regent. He had converted his prison room into a fantastic bower with designs of roses beneath a cerulean blue, and the wits of the town, even Byron, then at the height of his London elegance, came to pay him court. Even in prison he developed his reputation as a poet, and his poetry was very different from his libel. He extracted the moving and beautiful story of Paolo and Francesca from Dante's *Inferno* and somehow contrived to reduce the loveliest of all romantic legends, where the finer shades of pathos and sentiment meet, into a theme of common flirtation culminating in the incredibly egregious couplet :

> The two divinest things this world has got,
> A lovely woman in a rural spot.

This was the very tendency which endangered Keats's own early poetry, yet it would be unjust to make Leigh Hunt solely responsible. For Keats had an artful dalliance in his verses before Leigh Hunt's influence had appeared. Genius is a strange and wayward element, never developing steadily and rationally. It suddenly jumps forward, excels itself, and abandons its origins. Great and original genius may begin with incredible badness. So it is with Keats; when one reads some of the earliest verse it is impossible to believe how profoundly and how soon the depth of his genius is to be changed. In the early poetry, and as I have suggested even before Leigh Hunt, he had a coy habit of making an inventory of the desirable qualities in women, as if he were a horse-dealer parading a thoroughbred—"soft dimpled hands, white neck and creamy breast."

Changed Quality

One can name the very day when Keats broke through that early sentimental verse. In the autumn of 1816 Mr. Alsager, a financial correspondent of *The Times,* lent Charles Cowden Clarke a beautiful copy of the folio edition of Chapman's translation of Homer, and Clarke at once summoned Keats to share the delight of exploring the volume. Previously they had been familiar only with Pope's version. Keats was at the time lodging with his brothers in Dean Street, Borough, "housekeeper and solitary" as Cowden Clarke himself says. And on an October evening Keats walked over to Clerkenwell, where

Cowden Clarke was staying. On through the night they read, plunging here and there to pick out the famous passages. Then Keats walked home. Cowden Clarke did not rise early the next morning, but when he came down he found on the breakfast-table an envelope in Keats's handwriting. Its sole contents was a sonnet of which the later, published version reads :

Much have I travell'd in the realms of gold,
  And many goodly states and kingdoms seen ;
  Round many western islands have I been
Which bards in fealty to Apollo hold.
Oft of one wide expanse had I been told
  That deep-brow'd Homer ruled as his demesne ;
  Yet did I never breathe its pure serene
Till I heard Chapman speak out loud and bold.
  Then felt I like some watcher of the skies
  When a new planet swims into his ken ;
Or like stout Cortez when with eager eyes
  He stared at the Pacific—and all his men
Look'd at each other with a wild surmise
  Silent upon a peak in Darien.

Leigh Hunt realized the changed quality, and whatever one may think of his poetry here is the evidence of his quality, may one say his creative quality, as a critic. He wrote : "That noble sonnet which terminates with so energetic a calmness and which completely announced the new poet taking possession." Keats in those dawn hours had broken into new territory. When he left Cowden Clarke his mind was full of one thought alone, the new deep vision of Homer which Chapman revealed. But this led him back into thronged memories beyond the handsome Chapman folio—there was the fifth book of the Odyssey—the shipwreck of Ulysses—the memory of Bonnycastle's *Astronomy*—a school prize—Bonnycastle's interest in the poets—his extract from Pope's Homer—Bonnycastle and the new planets—Herschel's planet— the old red-brick school-house at Enfield —the West India merchant who built it—the school library—Robertson's *America*—where he confused Balboa's first sight of the Pacific with Cortez's first view of Mexico City, and so to Apollo, patron of poets, and to Homer again. Out of this welter of enthusiasm and recollection, like a water-lily out of mud, arose this moment of creative power, and so the far-reaching resources of stored suggestion concentrated into a single imaginative experience, the sonnet was produced and Keats knew himself to have taken command, knew himself to be a poet.

From that night with Cowden Clarke he had only three years to devote to poetry. By October, 1819 it was at an end. In February, 1820, he had the haemorrhage telling him that he had the disease which he knew would be fatal. A year later he was dead. It can be affirmed without any hesitation that those three years show the most miraculous advance made by any poet in our literature, the greatest achievement given his age, and the brevity of the period, and one must add so much that was adverse and disturbing in his experience.

Sequence of Odes

Nothing is more illustrative of Keat's creative development than his sequence of odes. In one shope or another odes have been written in English since Elizabethan times, mainly by writers who had admired the form in Greek or in Latin in Pindar or in Horace. Among others Ben Jonson had written odes, and Cowley, and Gray—all classical scholars. Ben Jonson said of Shakespeare that he had "little Latin and less Greek." Of Keats it might be said that he had no Greek, and the little Latin he had came mainly from concocting prescriptions rather than from reading poets. Yet somehow he developed an original and most imaginative classical element in his poetry by reading Lemprière's *Classical Dictionary,* Tooke's *Pantheon,* a school-book anthology of mythological stories, by looking at pictures and vases, and by reading many classical works in translation. The order of the odes is uncertain, yet probably the *Ode to Psyche* was the first. Keats wrote it out in April, 1819, in a journal letter to his brother George and to George's wife. He seems conscious in transcribing the poem that his genius has broken through and taken possession of new territory, just as earlier he realized that in the Chapman sonnet he had discovered something unknown to him before. He writes: "The following poem—the last I have written—is the first and the only one with which I have taken even moderate pains. I have for the most part dash'd off my lines in a hurry. This I have done leisurely—I think it reads the more richly for it, and will I hope encourage me to write other things in even a more peaceable and healthy spirit."

He had come upon the story of Cupid and Psyche probably in a sixteenth-century translation of Apuleius's *Metamorphoses, or Golden Ass.* In that volume it stands out, as Walter Pater was later to write, as "a true gem amid its mockeries, its coarse though genuine humanity, its burlesque horrors." The ode form as Keats employs it is a genuine invention, for it permits him to dispense with narrative and concentrate on a single instant. He imagines that he sees the two lovers together and he recognizes them. Cupid, "the winged boy," can claim no particular attention, for he is already a god and adequately attended to by the Muses. But Psyche—surely Psyche should be a goddess? She appeared a little too late in history for the Greeks to make her a goddess. Yet Keats will do this—in his mind she shall be a goddess and so, suddenly, in his last an commanding stanza he builds up a thickly wreathed complication of images for the mental apotheosis of Psyche.

Yes, I will be thy priest, and build a fane
In some untrodden region of my mind,
Where branchéd thoughts, new grown with pleasant pain,
Instead of pines shall murmur in the wind :
Far, far around shall those dark-cluster'd trees
Fledge the wild-ridged mountains steep by steep ;
And there by zephyrs, streams, and birds, and bees,
The moss-lain Dryads shall be lull'd to sleep ;
And in the midst of this wide quietness
A rosy sanctuary will I dress
With the wreath'd trellis of a working brain,
With buds, and bells, and stars without a name.
With all the gardener Fancy e'er could feign,
Who breeding flowers, will never breed the same :
And there shall be for thee all soft delight
That shadowy thought can win,
A bright torch, and a casement ope at night,
To let the warm Love in !

He is saying that though Psyche cannot be worshipped in physical form she shall be worshipped in the mind, in the memory of all things that are beautiful. There follows from *Psyche* the whole sequence of the *Odes, To a Nightingale, On Melancholy, On Indolence,* and the best known the *Grecian Urn,* and other poems influenced by the main sequence. A stanza in the *Ode on Melancholy* summarizes the thought behind all the odes :

She dwells with Beauty—Beauty that must die ;
And Joy, whose hand is ever at his lips
Bidding adieu; and aching Pleasure nigh,
Turning to Poison while the bee-mouth sips ;
Ay, in the very temple of delight
Veil'd Melancholy has her sovran shrine,
Though seen of none save him whose strenuous tongue
Can burst Joy's grape against his palate fine ;
His soul shall taste the sadness of her might,
And be among her cloudy trophies hung.

The odes are the most finished, the most original and solid of his achievements, and from them he passed on to the unfinished *Hyperion.*

A Fatal Journey

I have constantly in my mind that I have not said enough of Keats as a poet, and yet other thoughts will come crowding in. Part of the tragedy of Keats's life was ill-health, but the other part was money. Until Mr. Gittings conducted his meticulous researches we did not know fully the truth about this. It was always thought that Keats and his brothers were solely dependent on his grandmother's trust which Mr. Abbey administered; indeed, this is what Keats thought himself. But buried in Chancery, there was a second trust of securities which had belonged to his grandfather. If those resources could have been at his disposal, most of the worries of the last period of his life would have disappeared, perhaps, even, he would not have undertaken the last and fatal Italian journey. Then I have always been absorbed by the way that medicine and health or ill-health entered so much in Keats's life apart from his own training as a doctor. There was his nursing of his mother, and of brother Tom, and his own fateful illness. The physician can only carry out the regimens prescribed in his own day, and kindness is not enough; knowledge is so much superior. Keats in Rome could not have had more kindness than in James Clarke, who was sufficiently advanced in his reading to possess copies of *Endymion* and the poems of 1820. It is true later that as Court physician he diagnosed Lady Flora Hastings as pregnant when she was suffering from an abdominal tumour, which proved fatal. Sir William Hale-White suggests that it was not Clarke's fault and that he covered up for others. Certainly the Queen, like Louis XIV, was faithful to her medical adviser. James Clarke was physician to the Queen and the Prince Consort, and was made a baronet and a Fellow of the Royal Society. He was even a member of the Senate of the University of London.

The amount of kindness he extended to Keats and Severn, his companion, is truly remarkable. He probably knew more of "Tubercular Phthisis" when he was writing for the *Cyclopaedia of Practical Medicine* than when he attended Keats. One wonders whether it was treating Keats that made him realize that a journey such as Keats had made to Rome was of no practical use. In his article he wrote that " it is natural for the relations of such a patient to cling to that which seems to offer a ray of hope. But did they know the discomforts, the fatigue, the exposure and irritations necessarily attendant on a long journey in the advanced period of consumption they would shrink from such a measure." Clarke followed the practice of his day in believing that tuberculosis was not contagious. He believed in the "efficacy of bleeding from a vein when the patient coughs up blood and also under other circumstances."[1] He was in advance of his time about diet and fresh air, but he did not know the answer and he must not be blamed. Until he came to perform the post-mortem examination, he did not think that the lungs had been much affected.

His Philosophy of Beauty

So Keats dies and the mind is thrown back to contemplate the tragic waste in human life, how rare genius is, how when it does occur, it consumes itself or is consumed by the adverse and seemingly meaningless circumstances of life. Is it an idle speculation to think what Keats might have contributed if he had lived as long as did Carlyle, lived into the later decades of the century when the industrial revolution, when mechanization and bureaucracy, were laying their despoiling hands on the country. He had a philosophy of beauty which no artist in our own age, no writer or pictorial artist, has had the faith and courage to maintain. On 22nd November, 1817, he wrote to his friend Benjamin Bailey, that remarkable passage: "I am certain of nothing but of the holiness of the Heart's affections and the truth of Imagination—What the imagination seizes as Beauty must be truth—whether it existed before or not—for I have the same Idea of all our Passions as of Love, they are all in their sublime, creative of essential Beauty." It may be thought that this could lead him away to a world of fantasy that neglected the real world, the sort of artificial beauty that Tennyson later featured in the *Idylls of the King*. Yet his poetry was maturing so rapidly that speculation is dangerous. Thus across one of the most romantic of his stories, *Isabella, or the Pot of Basil,* there flashes, like a streak of angry lightning, an abuse of vested interests, so violent in its intensity that it might have come from a Marxian pamphleteer. Indeed, George Bernard Shaw, writing in the century of Keat's death, was to imply that they were the only mature verses in his poetry. Keats is describing the two brothers of Isabella:

With her two brothers this fair lady dwelt,
  Enrichèd from ancestral merchandize,
And for them many a weary hand did swelt
  In torchèd mines and noisy factories,
And many once proud-quiver'd loins did melt
  In blood from stinging whip;—with hollow eyes
Many all day in dazzling river stood,
To take the rich-ored drifting of the flood.

For them the Ceylon diver held his breath,
  And went all naked to the hungry shark;
For them his ears gush'd blood; for them in death
  The seal on the cold ice with piteous bark
Lay full of darts; for them alone did seethe
  A thousand men in troubles wide and dark;
Half-ignorant, they turn'd an easy wheel,
That set sharp racks at work, to pinch and peel.

Why were they proud? Because their marble founts
  Gush'd with more pride than do a wretch's tears?—
Why were they proud? Because fair orange-mounts
  Were of more soft ascent than lazar stairs?—
Why were they proud? Because red-lin'd accounts
  Were richer than the songs of Grecian years?
Why were they proud? Again we ask aloud,
Why in the name of Glory were they proud?

This is, however, a sudden, almost an irrelevant intrusion. When he came to *Hyperion,* to his unfinished poem and his most mature, he returns to his preoccupation with what the life of the poet should be, what indeed is beauty, and what relation it can have to the general life of a suffering humanity.

The poet and the dreamer are distinct,
Diverse, sheer opposite, antipodes.
The one pours out a balm upon the world,
The other vexes it.

He sees that the poet must break away from an isolated contemplation of his own personality to identify himself with the world:

Thou art a dreaming thing,
A fever of thyself; think of the earth.

Out of that identity with the world the poet must develop a universal sympathy, and employ his art into relation with it:

None can usurp this height, returned that shade,
But those to whom the miseries of the world
Are misery, and will not let them rest.
All else who find a haven in the world,
Where they may thoughtless sleep away their days.

His mind was reaching out to a long poem, epical in range, and philosophical in intention. Such a poem might have had a profound influence on the literature and the mind of the Victorian age. But what might have happened is only speculation, indeed idle speculation. The artist cannot follow the dictates of his intellect unless they are in harmony with his creative intuitions. All one can affirm is that before his early death he had led a critic as grudging as Matthew Arnold to say, "He is! He is; with Shakespeare! "

[1] Sir William Hale-White, *Keats as Doctor and Patient,* 1937.

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PSYCHOLOGICAL SOCIETY

Alastair MacIntyre

Professor of Philosophy
University of Essex

" ON BELIEFS ABOUT DEATH "

Tuesday, 6th January,

5.45 p.m.,

North Common Room.

NURSING SECTION

Morale in Nursing

We are at present being informed almost daily that morale in the nursing profession is lower than it has ever been. Even "The Times" was recently moved to publish a leader on this subject.

Why, however, does this state of affairs exist? We all know that we want more money, but that is not the only cause. Nurses are not by nature an aggressive breed and it must be something very great that has spurred them on to the methods which they are at present employing. Fortunately, providing the influence of some very militant individuals does not extend too far, no strikes will be organised. A sense of responsibility—superior to that of the teachers—will probably predominate.

The nursing profession is at present undergoing a period of great change and this has caused much unrest. Added to this, promotion comes today much earlier than previously, when the recipients have far less experience of life than their predecessors. The stresses of today are much greater and surely the combination of these are bound to make for instability at the top, which will filter back to the younger generation.

In addition to this, we live in an age when discipline is taboo. The mother who corrects her child is admonished by the psychiatrist. The Tutor who corrects his student, finds himself the object of a demonstration. Could it be that if that student had learnt a degree of discipline in childhood, he would be better equipped to adjust to the harsh facts of adult life? To be "with it" nowadays, one must be on back slapping terms with all and sundry. The few remaining people in hospitals who try to exert some discipline are regarded as inhuman to the point of cruelty.

Could it not be then that the cry for more pay and better working conditions is really a plea for an environment where there is security and where the young people coming in can find the help and support which they so greatly need in this day and age? If this aspect could be the object of more concentration, it might be found that more people would be willing to remain and assist in providing a service of the standard which we all wish to adminster.

CORRESPONDENCE

London Dirt

SIR,—Not all people who look dirty are dirty. Not all people who look clean are clean. Not all people who look clean are dirty. Not all people who look dirty are clean. There is the world of difference between looking clean and being clean. There is the world of difference between looking dirty and being dirty. There is the world of difference between a logical argument and a fallacious argument.

Yours faithfully,

J. PITT-PAYNE.

East Wing,
Guy's Hospital, S.E.1.

Suggestions Wanted

SIR,—We agree with J. Gaymer Jones' suggestion of naming the "Tower Block" after well-known Guy's men.

Could we better his alliteration by incorporating past glory with present fame and offer Bright Brock's Block or alternatively Brock's Bright Block?

Yours faithfully,

SHIU MAN FAI AND MALCOLM E. WORBY.

East Wing,
Guy's Hospital.

Miss K. Croucher

SIR,—May I draw the attention of all those at Guy's to the retirement at the end of December of Miss K. Croucher, Organiser for the past 15 years of the Trolley Shop.

Miss Croucher came to work at Guy's in gratitude for all that had been done here for her father, many years ago, and she has continued to come three or four times a week entirely voluntarily to organize and take round to the patients, the trolley shop.

We, the Ladies' Association, wish to show our appreciation to Miss Croucher by presenting her with a small gift and if anyone would like to join us please send your contribution to me.

Yours faithfully,

MRS. SALMON (Hon. Sec.)

Guy's Hospital Ladies' Association,
Guy's Hospital,
London, S.E.1.

BOOK REVIEWS

HEWER'S TEXTBOOK OF HISTOLOGY FOR STUDENTS.

Revised by S. Bradbury. 9th Edition. Heinemann.

With such a wide selection of histology textbooks on the market today, the choice of a suitable one for the Second M.B. student is not easy. Unfortunately, the reviewer is prohibited from listing all the available books and comparing their cost-effectiveness, although this is, after all, what the Second M.B. student really wants to know. Hence it is difficult to explain exactly why Hewer's Textbook seems to be rather better than its competitors of the same size and price range.

The book begins with an excellent chapter on the more advanced and less well understood techniques of current research histology—such as phase-contrast, electron microscopy and autoradiography. The second chapter is a brief resume of the fine structure of the cell and its organelle, well-illustrated with electron-micrographs. Subsequent chapters present a systematic treatment of tissues and organ systems.

Histology is primarily a visual subject and, accordingly, about 50% of the total area of this book is devoted to drawings and photographs. The latter are perhaps used too readily, where clear line-drawings and three-dimensional diagrams would be more explicit. The use of obscure and inadequately labelled photographs appears to be a defect common to many histology texts because the authors, who have a long experience of histological conventions, can interpret instinctively photographs which may be meaningless to the uninitiated student. This book, however, does not offend seriously in this way, and many other histology textbooks which I have perused are considerably worse. The text is clear, readable and interesting, with useful snippets of pathology thrown in, and very slightly more advanced than the requirements of Second M.B. demand. This is a textbook which has been a favourite of generations of medical students, and its 9th Edition maintains its previous high reputation.

BIOCHEMISTRY.

S. P. Datta and J. H. Otterway. Bailliere. 424 pp. Price 30s.

The first edition of this book appeared in 1965 and certainly achieved the aims of the Concise Medical Text series . . . "authoritative medical textbook, written especially for students, concise, readable, gives the essential facts . . . *inxepensive*".

The second edition, brought out in paperback, has been expanded to cover biochemical advances since 1965. Protein biosynthesis, the transcription of genetic information and the regulation of these processes are described briefly in a new section which also includes the structure and mode of action of inhibitors of protein synthesis used as anti-tumour and anti-bacterial drugs.

Other additions include recent work on the biochemistry of the immune response and antibody structure, nucleic acid metabolism, congenital enzyme defects, particularly the glycogen storage diseases, prostaglandins, and a more comprehensive account of the blood buffering systems. More space is given to examples of different levels of enzyme control mechanisms; allosteric effectors, feedback inhibition in metabolic pathways, gene repression and induction, and the role of hormones in the control of lipid and carbohydrate metabolism. A discussion is given of the factors involved in the possible breakdown of these control mechanisms in metabolic disturbances such as ketosis.

One very helpful innovation is the inclusion of two pages of definitions and scientific units for measurements of weights, concentrations etc., and a list of prefixes and symbols used in biochemistry which must have frequently confused students.

It is a relief to see that many of the small cramped diagrams and metabolic charts of the first edition now appear in clear and enlarged form, together with several new and hepful diagrams. One recurring fault is that many of the formulae of metabolites particularly nucleotides, coenzymes and phosphate compounds, are not drawn in the state of ionization in which they are known to occur at physiological pH values.

The latest edition is good value at 30s. both as a convenient reference book (the index is well-organised) and as a compact, well-balanced account of biochemistry for the preclinical student.

B. H. MORELAND

THE PHARMACOLOGY OF INFLAMMATION.

Spector and Willoughby. English Universities Press. 40s.

The "Pharmacology of Inflammation" by Professors Spector and Willoughby, both of whom are authorities on the pathology of inflammation, is a concise account of the possible role of a number of endogenous pharmacological substances in the early stages of an inflammatory reaction. The major part of the book is in fact concerned with what is in effect the first twenty-four hours of an inflammatory reaction. The pretext for this treatment is stated as the need for a greater understanding of the mechanism of the early inflammatory events. It is reasoned that a thorough knowledge of the endogenous pharmacologic agents (mediators) which initiate oedema formation and leucocyte emigration, two of the major events of an inflammatory reaction will lead to the discovery of specific antagonists to these substances. Thereby a more precise approach will be realised for the treatment of the chronic inflammatory diseases.

This volume of the Modern Medicine series sets out to focus attention of the present lack of precise knowledge of the mediation of the inflammatory reaction. It does not attempt to deal with the therapeutics of inflammatory diseases which in fact are considered to be outside the scope of the book, and the mode of action of the anti-inflammatory drugs is not discussed, being largely unknown. The value of this small volume is its lucid account of the current status of our understanding of the mediation of the acute inflammatory reaction.

H.B.

REVIEW

Guy's Hospital Theatre Club

Christmas Production

Snow White and the Seven Dwarfs

It has long been my belief that adults are merely children who have degenerated. It's not entirely their fault. If you feed the intellect with a lifetime of news, facts and statistics, the imagination has little alternative but to shrivel. It comes as a heartening antidote then to see the Theatre Club choose fantasy for its Christmas production, and having chosen fantasy to create a world which can be appreciated by the stunted adult.

For if popularity is a true measure of success, the House was packed from Monday to Friday. Despite flood warnings, hardy volunteers plugged the gangways nightly. By Friday they were queueing knee-deep to stem the tide of the second act. Freed from all obligations to keep to a script, freed from allegiance to playwright and play, Tony Sutherland served us uninhibited pantomime at its best. There was an air of spontaneous energy about this production which has so often been lacking in the past. In writing his own material, adapting it to suit needs and talents, dialogue became subordinate to action and *"play"* took a more meaningful shape.

Magic there was in plenty. Magic and movement, and to cap them in true Disney tradition, a hatful of jolly tunes. I remember the high-stepping piano. And the hysterical flute who piped us aboard the court of Queen Brangomare. The French horn and the thoughtful bass were there already, inspiring all in earshot with ideas as fine as "It's a wonderful life to be living." No doubt, but when the flute had at last subsided, we were left with the business of explaining why we were there at all. Introductions are always a bore. This one was lightened by the delightful lisp and affectation of Dandiprat, and a fragile minuet peppered by unconvincing nursery rhyme.

Burning love is the symbol of pantomime Good. Such stuff is needed to match the burning Evil of the Wicked Queen. But such stuff was not for the Prince ; he preferred dignity in white breeches to ardour in rhyming couplets. More was the pity because Sarah Large moulded her mood to suit the opposition. No two moments the same, her chilled tongue danced rings round poor Florimund. Even the immortal wine-taster, John Pepper, eventually gave notice. At court she wore the haughty coat of Lady Bracknell, the hiss and the coils of a serpent. Safe within the privacy of her cousin's cave, she unwrapped the petulance, the jealousy, the selfish pride which smouldered underneath.

For fantasy to succeed it must be taken seriously. No knowing winks, no half measures, no explaining away. In music or in folk-tale the fantastical can be suggested with just enough blurring to let the mind form its own image. Not so in drama. The image is actually on stage, its shape is defined, it is interpreted exactly as it appears. It must therefore be credible to the eye, and not just one pair of eyes but a theatreful of eyes. It must be sufficiently real to allow the watchers to suspend their disbelief, yet sufficiently remote and wild and magical to stretch the imagination.

It is a mark of their success that Sarah Lange and Frances Dallosso charmed the macabre dealings of the Witch's Cave into two of the most convincing scenes in the play. There was a certain honest professionalism in the Witch's concern over her spells, a recognisable human vanity in the Queen's concern over her fading looks. If one prescribed the remedy, it was only to gain a heart to complete the spell. If the other accepted a pedlar's disguise, it was only at the expense of a woman's pride. Here were two traders dealing in different goods. Even Paul Marshall, their monster butler, seemed happier here away from the stilted court.

Such scenes were stuffed with invention and it would be wrong to belittle the part played by off-stage effects. Take the ultra violet for example. In the summer production this technique was used and wasted on gilding a backcloth. This time it took the centre of the stage, integrated first in the three-legged Boot Dance, then in the brilliant skeleton shuffle. By constantly varying his tricks, the producer tuned the impossible to the upper limit of real and it was only when he abandoned them in the Dwarf's cottage in favour of a round of well-worn comic-strip jokes that the pantomime briefly stagnated.

Which brings us to the title, *Snow White and the Seven Dwarfs*. Consciously modelled on the Disney ideal of wide-eyed innocence, Jean Burfoot won my heart not by what she did, but by what she didn't do. Pinned helplessly against the silhouette of her black stepmother, she wrung a sympathy I usually reserve for the battered baby. The protective instinct, I suppose, but it made me wonder whether the Queen's spiteful nature had always been or whether it came from living in the world too long. Certainly the rough good humour of the Dwarfs came from living out of the world too long and it needed all her wide eyes and innocence to swallow Sexy's views on boyos, dollies and the like and stay saintly. Snow White is the fairy-tale standard by which we measure evil and honesty, court and peasant; a princess in clean rags, Miss Burfoot succeeded by keeping true to her part. Her song, "If this is happiness," expressed it perfectly.

But although there is merit in simplicity, Graham Browne, composer and conductor, has still to answer for the Dwarf's Chorus and lyrics as trite as these:

"I'm Happy and I laugh a lot as you can plainly see,
We're seven little Dwarfs who work in peace but the happiest is me."

Dwarfs are by nature recluse. Tolkien has this to say about them: "They are a tough, thrawn race for the most part, secretive, laborious, retentive of the memory of injuries (and of benefits), lovers of stone, of gems, of things that take shape under the hands of the craftsmen rather than things that live by their own life." They are to be distinguished from the Trolls of the Scandinavian forests, the Little People of the Celtic legends, and never, never confused with the toadstool-keepers of Shakespeare or Blyton.

Their entry from the Mine into the living room was a master-stroke just as Finger's exit through the tub was unexpected. In such a Bohemian band it would be wrong to weedle out individual performances, for the whole emphasis was on co-ordination. But I must mention the fine-fingered performance of Piernist von Reinhold, fresh from the Black Forest and complete with candle and crackled knuckles. His notes on an invisible keyboard hinted at the old-world movie to come. There on the silent screen Colin Hunter-Craig took the art of autopsy to a new peak, posing the question whether we should have been paying for our lunch-hour entertainment all these years.

There is a pleasure to be got from watching simple things like washing and wall-papering performed under primitive conditions. But when you are invited to join in, to share the coloured water, the gooey paste, cascading buckets and epileptic pumps—and what's more to sing for it—then primitive instincts blow their corks, household taboos dissolve. It's not nice, it's not civilised, it's singing hymns in the bathtub, but we wish it could go on for ever.

Robert Lomax.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

Applications are invited for the post of whole-time **Senior Lecturer** in the Department of Anaesthetics to commence as soon as possible. This will entail clinical work as well as teaching and will provide opportunity for research. Salary in the range £2,795—£3,670 per annum, according to experience. Forms of application may be obtained from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1. and should be returned not later than **14th February 1970.**

GUY'S HOSPITAL
HOUSE APPOINTMENTS
1st, March 1970

Applications are invited for the following house appointments due to begin on 1st March, 1970. Forms of application are obtainable from and should be returned to Mrs. Webster, Administrative Assistant for Medical Staffing, Superintendent's Office, not later than **23rd January, 1970.**

The following house appiontments will be for six months and normally will be open only to pre-registration candidates applying for their first appointment and not to candidates seeking their second six months' appointment:—

House Physicians	4
House Surgeons	3
Throat and Ear House Surgeon	1
Orthopaedic House Surgeon	1
Gynaecological House Surgeon	1
House Physician to the Radiotherapy and Endocrine Departments	1

The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appointment at Guy's:—

House Physician	1
House Surgeon	1

The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appointment at Guy's or elsewhere:—

Children's House Physician	1
Genito-Urinary House Surgeon (or post-registration)	1

The following post-registration and S.H.O. appointments will be for six months:—

Resident Obstetrician (post-registration)	1
Neurological House Physician (post-registration)	1
Dermatological House Physician (post-registration)	1
House Physician in Child Psychiatry (post-registration)	1
Casualty Officers (S.H.O.)	5
Thoracic House Surgeon (S.H.O.)	1
Resident Anaesthetists (S.H.O.)	2
Senior House Officer to Nuffield House (S.H.O.)	1
House Physicians in the Department of Psychological Medicine	2

To commence 1st April, 1970.

EVELINA HOSPITAL

Children's House Physician (post-registration	1

To commence 1st April, 1970.

Casualty Officer (S.H.O.)	1

(Part-time appointment 5 afternoons a week for a married woman doctor)

ST. OLAVE'S HOSPITAL

House Physician (pre-registration)	1

Preference given to second six months candidate.

Gynaecological House Surgeon (S.H.O.)	1
House Physician in Psychological Medicine (S.H.O.)	1

NEW CROSS HOSPITAL

House Physician in General Medicine and Geriatrics (pre-registration)	1

Preference given to second six months candidate.

OUTER HOSPITALS

Preference will be given to second six months candidates for the following posts, but first six months candidates may apply:—

BECKENHAM HOSPITAL

House Physician (pre-registration)	1
House Surgeon (pre-registration)	1

HITHER GREEN HOSPITAL

House Physican in General Medicine and Infectious Diseases (pre-registration)	1

LEWISHAM HOSPITAL

House Surgeon to Mr. Le Brun (pre-registration)	1
(Locum from 13th February, 1970)	
House Surgeon to Mr. Cavendish (pre-registration)	1
(Locum from 13th February, 1970)	
Orthopaedic House Surgeon to Mr. Monty (pre-registration)	1

MILLER GENERAL HOSPITAL

House Physician in General Medicine and other specialties (pre-registration)	1
House Surgeon to Mr. Candy, Mr. Williams and Mr. Park (pre-registration)	1

ORPINGTON HOSPITAL

House Surgeon with Ophthalmology (pre-registration)	1

PEMBURY HOSPITAL

House Surgeon (pre-registration)	1
House Physician (pre-registration)	1

P. J. HELLIWELL,
Superintendent.

December, 1969.

PASS LIST

THE SOCIETY OF RADIOGRAPHERS
MEMBERSHIP EXAMINATION
OCTOBER, 1969

DIAGNOSTIC M.S.R. (R).

Final

Miss Angela Brooks
Miss Linda Brown
Miss Hilary Burridge
Miss Wendy Dixon
Miss Jacqueline Guppy
Miss Susan Heal
Miss Caroline Hunt
Miss Susan James

Miss Mary Kyne
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Miss Carolyn Moore
Miss Jean Pigott
Mrs. Elizabeth Alfrey
Miss Mary Huxford
Miss Kathryn Thomson
Miss Maureen Blamire
Miss Lyndia Martin

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Mrs. Ann Seymour
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CHANGES OF ADDRESS

Dr. and Mrs. Peter Ashcroft, 12 Chartfield Square, Putney, S.W.15.

As from 1/1/70. Dr. and Mrs. R. G. Gain, 215 Hempstead Road, Watford, Herts. Tel: Wat. 25458.

Flt.-Lt. and Mrs. P. H. R. Gill, 14 Latimer Road, Carterton, Oxon.

Dr. and Mrs. Michael Joseph, 160, Kensington Park Road, London W.11. Tel: 01-727 6623.

Dr. W. H. McKendrick, 4834-51st Avenue, Bentley, Alta. Canada.

BIRTH

STONE—On 5th December, 1969 to Adina and David Stone, a son.

ENGAGEMENT

CURRY—SAXON—Dr. Noel Curry to Miss Sandi Saxon of Vancouver. Marriage to take place in Vancouver, Canada on 22nd August, 1970.

MARRIAGE

MACE—MEIKLE—On 20th December, quietly, in Glasgow, Martin Charles Mace, B.D.S., L.D.S., to Frances Elizabeth Meikle, S.R.O.T.

DEATH

HALLIDAY—On 9th November, 1969, John Howard George Halliday, M.R.C.S., L.D.C.P., D.A., suddenly at his home, aged 55 years

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

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Non-subscribers will pay £1 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS R. S. TROMPETER and S. M. KILPATRICK
SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2126

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Square One

The medical student of 1970 has to assimilate a vast amount of information compared to his predecessors. Basic techniques of examination of an ill patient may not have changed very much in fifty years, but today the student must also know minute details of investigation and treatment. In addition to a "blood picture" and electrolytes, sophisticated tests of renal, hepatic, and cardio-respiratory function are rapidly becoming routine. Further tests of particular systems may be carried out, including ECG, EEG, AEG, enzyme function tests, and many complex radiological investigations. Our student must be acquainted with the correct drug for every ailment. Modern drugs are very powerful and have many side-effects: therefore he must also know the correct antidote for every drug.

This knowledge is essential for passing exams but one must question whether it produces a good clinician. Sophisticated tests have their place in modern teaching centres but most medical graduates will not be working in these centres. If they are working in under-developed areas, or even in Guy's on a Sunday morning, they will not have access to such tests.

Although a student may be competent at satisfying the examiners, it is possible for him to qualify without ever having seen (let alone mastered) various basic nursing techniques. Physiotherapy may save an ill patient beyond the help of ampicillin; the passing of a Ryle's tube or the administration of an enema can also be life-saving. These are examples of mundane techniques which are essential in care of patients. A teaching hospital that produces doctors who are biochemical wizards but are incapable of performing these simple tasks is in danger of being so far ahead of medicine that it has lost its sense of direction.

Passing Thoughts

On walking to New Guy's House from the Colonnade.

Budgies are lovely,
Canaries are nice,
Down at Smith's Corner
It's like walking on ice.
Look to the sky
And all you can see,
Standing magnificent
A dirty great tree.

Suddenly, poor viewer,
Your vision's obscured,
By snow ?—you'll be lucky
It's that damn little bird.
Oh sparrow, Oh starling
Whoever you are
Be a good little . . .
Try roosting elsewhere.

P. G. McA.

Saving Lives ?

The baby on the front cover isn't lucky to be alive. We almost take it for granted that women have children without mishap and that, on the contrary, either would be very unlucky to die. But it has not always been so. In 1928, a woman in this country had a 1 in 221 chance of dying during pregnancy and a new born child had a 1 in 14 chance of dying before he was a year old. Now the corresponding figures are 1 in 3,169 and 1 in 53. Much of this change has been due to improved ante-natal and infant care.

The Salomons' child welfare and ante-natal clinic was opened on 28th January, 1920 and this issue commemorates its half-centenary. The idea of these clinics is to see lots of healthy children and their mothers and to keep them that way, so the theme of this edition is preventive medicine, in its fullest sense. Preventing death is only part of the work; improving the ***quality*** of life is becoming more and more important.

In addition to the articles in the *Gazette,* there will be lunch-time lectures in the anatomy theatre next week and a discussion in the North Common Room on the Friday. (See Guy's Diary below, for details.) The maintenance of health is everybody's concern and everybody is welcome at all of these events.

There will also be a party in the Salomons' Centre for children, mothers and local health workers. Will anyone bake them a birthday cake?

GUY'S DIARY

JANUARY

19	M	1.00	Clinical Lecture. Mr. CRABBE. "Replacement of the Hip Joint."
		1.00	Endocrine Department. "Liver Scanning." Dr. MARK RAKE.
20	Tu	1.00	Clinical Lecture. Dr. GRIMBLE. "Serodiagnosis and Treatment of Syphilis."
22	Th	1.00	Clinical Lecture. Dr. HOARE.
23	Fr		Combined Round in Pre-Clinical Classroom. "Three Interesting Neurological Cases." Speaker: Dr. M. J. McARDLE.
26	M	1.00	Endocrine Department. "Turner's Syndrome"—prospects for ovum implantation? Dr. M. H. LESSOF.
		1.00	Clinical Lecture. Professor MARGOT JEFFRYS, Professor of Medical Sociology, Bedford College, University of London. "The Role of the Primary Physician in Preventive Medicine." Chairman: Professor JOHN TROUNCE.
27	Tu	1.00	Clinical Lecture. Dr. SIBENA J. STRICH, of The Institute of Psychiatry. "Pathology of Head Injury."
28	W	1.00	Clinical Lecture. Dr. J. E. EPSOM, Medical Officer of Health for Southwark. "Preventive Medicine in Southwark, Present and Future." Chairman: Dr. J. A. D. ANDERSON.
29	Th	1.00	Clinical Lecture. SIR JOHN PEEL, lately President of the Royal College of Obstetricians and Gynaecologists. "Preventive Obstetrics." Chairman: Mr. J. B. BLAIKLEY.
30	Fr	1.00	Clinical Lecture. Dr. RONALD MACKEITH, paediatrician to Guy's Hospital. "The Prevention of Chronic Handicap." Chairman: SEBASTIAN KRAEMER.
		2.15	In the North Common Room, a Discussion. Mr. GEORGE TEELING-SMITH, director, Office of Health Economics. Professor JOHN BUTTERFIELD, Department of Medicine, Guy's Hospital. "Economics of Preventive Medicine."

On Wednesday, 28th, Dr. J. E. Epsom is sending to Guy's his health examination van. It will be in the Park to receive visitors and to show what services it provides.

THE EARLY HISTORY OF SALOMONS' CENTRE

by

J. B. Blaikley

Salomons' Centre, which combines an infant welfare centre with an ante-natal clinic, celebrates its jubilee on 28th January; when the Centre was founded, there were within the area of the Guy's Maternity District already ten welfare centres, some voluntary and some municipal, and ante-natal care had already been started in Edinburgh by Ballantyne some years before the first World War, but both were relatively new conceptions in 1917 when the Governors of the Hospital first took action.

An article in the *Guy's Hospital Gazette* of 26th July, 1919, can only have been written by Dr. H. C. Cameron, one of the pioneers of paediatrics, and from this and the Governors' (Hospital) Handbook of 1924 it appears that the Governors, in November 1917, set up a committee to consider and report on the establishment of a "Welfare Centre for mothers and children connected with Guy's". This committee reported on 1st January, 1918, and the Hospital Architect at the end of that month reported that at least three houses in Newcomen Street would be required and that adaptation would cost between £2,250 and £2,750.

On 21st February, 1918 the Hospital Governors received a letter from Sir Charles Stewart, the Public Trustee, and an executor of Mr. Leopold Salomons' Will, that he was desirous on certain conditions of giving £10,000 from the residuary estate to Guy's for the maintenance of an infant welfare centre, to be known as "Salomons' Centre". It was finally agreed that the Governors would supplement from their own endowment income so that a sum of not less than £1,000 was spent annually on the maintenance of the Centre. Who enlisted the interest of Sir Charles Stewart, Dr. Cameron or someone else, is not clear, but it is evident that the former had been active for some time in advocating that Guy's should have such a centre. Incidentally, Sir Charles Stewart had become a Governor in November, 1917. A Colonel Roberts gave £3,000 in memory of his wife, and the Ministry of Health in 1920 recognised the centre under the regulations as to the Maternity and Child Welfare Grants and made a grant in aid.

In the article (*Guy's Hospital Gazette*) already referred to, it is stated that "The aims and objects of the Centre are to assist in every way possible the mothers and children of the Hospital Maternity Charity. In future the cards which entitle women to help in childbirth will be given out from the Centre, and at the same time the expectant mother will be examined by the Obstetric Registrar. Thereafter she will be visited in her home by Health Visitors attached to the Centre, who will assist her to make as complete preparation as possible for the reception of the baby. This ante-natal work will be under the immediate supervision of Mr. McNair. His new post of Obstetric Registrar and Tutor in addition gives him control of the whole Maternity Charity, and he will work as a sort of liaison officer between the Obstetric Department and the Children's Department with the Salomons' Centre. Mr. McNair will have all the infants under his care, both on the District and in 'Victoria', until their first appearance at the Centre."

The Maternity District covered a large area, and on it, before 1914, some 3,000 babies were born each year, but only those babies whose parents lived in an area close to the Hospital were to attend the infant welfare clinic (this meant some 300 new babies each year), and the Centre cared for them, except when ill, until five years old. Dr. Cameron was clear in his mind that with proper advice and care children would grow up healthier and less liable to succumb to ordinary illness, and that this was worthwhile preventive medicine.

Mr. McNair clearly played an important part in establishing ante-natal care in Salomons' Centre, and indeed in the early care of the newborn babies, and together with Mrs. Robertson, the first infant welfare officer, was appointed to the Salomons' Centre Staff in late 1919. Mr. Frank Cook was appointed two years later as a second obstetric medical officer. Mr. Bellingham Smith, the sole consultant obstetrician and gynaecologist, although on the advisory committee probably took little direct interest in the development of the centre, as he was at this time primarily a gynaecologist. The staff, in addition, consisted of Miss Bertha Martin, Sister Superintendent, a secretary and six Resident Health Visitors. The Midwifery School, pupils and staff resided elsewhere at that time. Dr. Cameron, though holding no specific post, maintained an intense interest in the work of Salomons' Centre. In May, 1924, Dr. Vertue replaced Mrs. Robertson, who continued to work a reduced number of sessions. Dr. Vertue retired in 1956.

It is only appropriate to write a little about Mr. Leopold Salomons, whose money made it possible to proceed with the Governors' plans for a welfare centre. He was a founder and director of the Employers' Liability Assurance Corporation and in his later years lived at Norbury Park, near Dorking, just west of Box Hill. The Park is today open to the public, and Box Hill, which Mr. Salomons bought in 1913 from the Hope family (of the Hope Diamond fame), he presented on his death to the National Trust. He had many public and private interests, in particular the breeding of Shire horses. He had no children, and there are no close relatives alive today. His second wife outlived him, and on 28th January, 1920, she formally opened Salomons' Centre. Further, when she died in 1932, she expressed the wish in her will that her husband's trustees should give a further £10,000 for the maintenance of the Centre, and this wish was carried out.

I should add that when the out-patients was extended in 1926, it meant pulling down the houses which had become the original Salomons' Centre, and putting up the present building on the corner site of Newcomen Street and Great Maze Pond, where it has served the local women and children very well over the years.

SALOMONS' INFANT WELFARE CENTRE

by

R. C. MacKeith

"To ease my mind or to help my child."
Mrs. Dunne, 12th January, 1961.

Why do mothers come to the Salomons' I.W.C.?

In a phrase of true poetry, a mother at the Centre told me why she came there. Mrs. Dunne underlines two immensely important functions of a Child Health Centre, functions which, deriving from Dr. H. C. Cameron's inspiration, have moved all who have worked in Salomons' Centre. In the *Gazette* of 4th September, 1965, the then Superintendent Health Visitor, Miss G. Saint, in an excellent article, described in greater detail the Centre's functions, adding health education, preventive medical and social guidance, immunisation. Teaching must also be emphasised, for the Centre was started largely to provide facilities for teaching medical students, and in his history of Guy's, Dr. Cameron notes that the Salomons' Centre was, from its foundation, regarded as an activity of the Medical School. Teaching students, nurses, physiotherapists and doctors is still a major activity of this Centre.

Dr. H. St. H. Vertue, Medical Officer to Salomons' Centre from 1933 to 1956, in one of his characteristic *Gazette* articles, said the pleasure in seeing healthy people was a most important contribution made by the Child Welfare Centre to our concept of what Medicine is: —

> *"The mind of medicine may become too exclusively interested in utility. In this relatively small department of the hospital, it is different. Venue is the presiding deity here, without whom nothing grows joyous, nothing lovely. The senses are stimulated by things beautiful and glad, and the understanding is more like that of the artist*, bent on the preservation of goodness and beauty perceived ascends to be pursued for their own sake without regard to use. From this outlook, the aesthetic outlook, Science and Art are seen as one. Being for the most part without it now, man is incomparably more miserable and adrift. I suggest it is a thing worth retaining and developing."*

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*Henry Lamb, the painter, who trained at Guy's as a doctor, said that Cameron was the one true artist on the staff.

Photo Elliott & Fry

Mr. Leopold Salomons, J.P. He gave Box Hill to the nation and owned a racehorse called Norbury Pride.

The origins of the Salomons' Centre

A maternity and child welfare centre was already working informally in the crypt of the Chapter House when, in February, 1918, the Public Trustee, having power of discretionary distribution of the residual estate of Mr. Leopold Salomons, devised £10,000 to Guy's Hospital, solely for the maintenance of an Infant Welfare Centre to be known as the Salomons' Centre.

A few years later, Colonel Roberts, who had been concerned with an earlier maternity and child welfare centre, left some £3,000, the income from which was devoted to the Salomons' Centre. In 1932 Mrs. Leopold Salomons died, and in her will expressed the wish that £10,000 should be given "to the Salomons' Infant Welfare Centre, attached to Guy's hospital".

In 1920, the year of its opening, the reputation of the Centre was already high for King's College for Women, Campden Hill, asked for facilities for postgraduate training at Salomons' Centre for foreign nurses holding scholarships from the Geneva office of the League of Red Cross Societies, and that they should "have lectures from Dr. Cameron".

In September, 1930, the Salomons' Maternity and Child Welfare Centre moved eastward* to its present building at the corner of Newcomen Street and Maze Pond. This was because the site of the three converted houses was wanted for a new out-patient department built by the generosity of Lord Dulverton (of the Wills family).

In 1939 when patients were sent from Guy's to the country, an emergency delivery room was furnished in Salomon's Centre. But within a year or so, many of the children were back in Southwark, and in 1942 a vaccination and immunisation clinic was started.

> (Throughout the 1930s there were 10,000 cases and 3,000 deaths a year from diphtheria. In 1941 the War Cabinet decided that immunisation, which had been successively applied for ten or fifteen years in other countries, must be given to children in Britain. Three years later the deaths were only 13 in a year.)

By 1942 we find Dr. Richard Ellis asking the S.C. Committee if Medical Students could again attend the Centre.

In 1948, on the appointed day, 5th July, the National Health Service came into operation. The Hospital took over responsibility for the Ante-natal work being done at Salomons' Centre, and because a statutory duty to run Child Welfare Centres was laid on the Local Authority, the Infant and Child Welfare passed to the London County Council (and later to Southwark London Borough). But the original link with the Guy's Medical School continued, and in 1950 a formal agreement on co-operation was reached. The medical officer, largely paid by the local authority, is appointed by the Medical School and must be a member of the staff of the Children's Department.

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*Further eastward still, in Snowfields, was the Newcomen Day Nursery in a building which, during the second World War became a hostel for students, and later a psychiatric out-patient department.

The Training School for Midwives

With limited time, I have not discovered when the training school for Health Visitors started at Salomons' Centre, but in 1941 the Superintendent Health Visitor was asked by the Matron to re-open it. This was done in 1942. In 1944 the Matron borrowed for midwives working on the district, some of the bedrooms in Salomons' Centre, giving the displaced health visitor students accommodation, presumably in the Nurses' Home. A later paper in the files rather sadly records that although in 1942 Matron had emphasised that Salomons' Centre must not lose its identity as a health visitor training school, "by 1948 a pincer action had resulted in there being only one Health Visitor Student living in Salomons' Centre and eight midwives", even though the Health Visitors' School being in sufficiently high repute for the L.C.C. to ask for six Health Visitor students to be accepted for the coming course. Indeed, in 1945, of 13 pupils who took their qualifying examination from Salomons' Centre H.V. Training School run by Miss Coombe, the Superintendent H.V., all had passed.

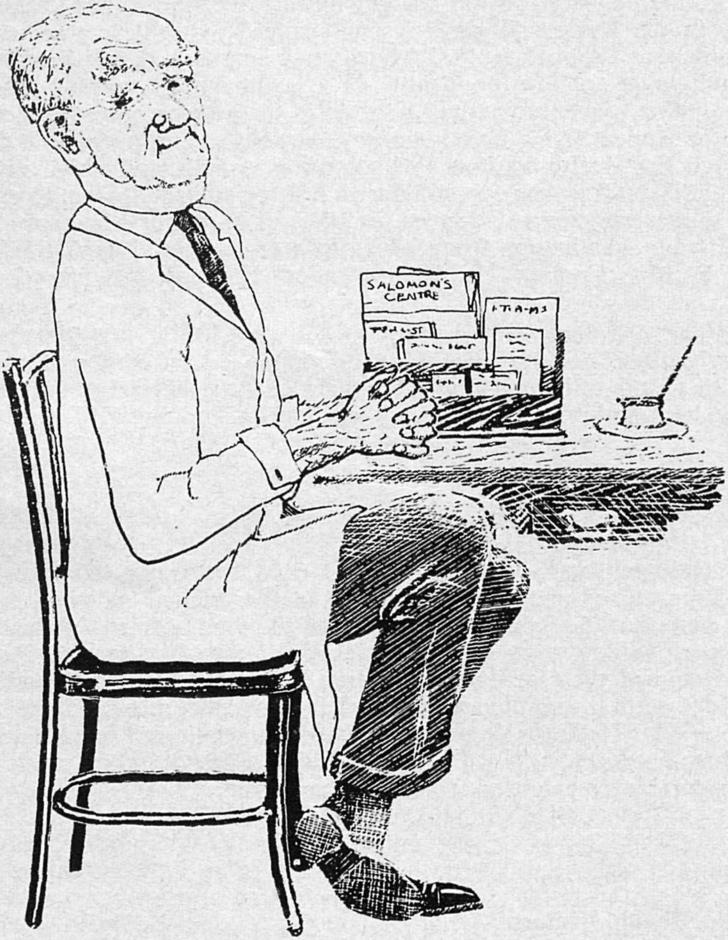
The school was still in action in 1950, but I think it was probably shortly after this date that it was discontinued, when the idea that health visitor training should be largely in the field, became replaced by indoctrination by lectures and seminars in Training Colleges.

Research

Research at the Centre and the need for Guy's to assist and facilitate, this is one of the conditions of the original endowment. It was here that the Rogersons worked on the relationship of difficulties in breast feeding to neuroses in later childhood, that Barbara Woodhead studied the reactions of children with infantile eczema and Dr. Randal natural immunity. Children in the centre provided the controls for Sir Hedley's long-term study of the relation of breast feeding to breast cancer. At present, Dr. Philip Benson is continuing his considerable research on measles vaccination.

Some Health Visitors

When I came to be Medical Officer, one of the Health Visitors was Miss Blackman, a remarkably courageous person who, for many years. continued despite increasing disability from multiple sclerosis. Miss Coombe was in charge and, though retired, is today still lively and active in good work. We did not get on well at first, and this was because I thought I was in charge, but Miss Coombe knew, quite rightly, that it was her job to run the Centre, and when I learnt this, she and I got on fine.


SALOMON'S CENTRE
F.T.A.-M.S

Doctor H. St. H. Vertue.

Miss Saint, now in Northumberland, succeeded Miss Coombe. She, too, served on various national committees on Health Visiting and Health Visitors, and wrote an excellent review of the functions of the Child Welfare Centre (G. H. *Gazette,* 4th Sept., '65). If Miss Saint was a stocky bull terrier, our present Superintendent H.V., Miss Theison, combines the leanness of a greyhound with the tireless energy of a sheepdog in retrieving mothers from disaster and children from failing to attend the Centre. Miss Boun, our other Health Visitor, is the soul of gentleness and kindness, notable even among all the present staff of clinic nurses and helpers, and she, too, is much liked by the mothers and children she looks after.

Dr. H. St. H. Vertue

When Dr. Vertue, Medical Officer to the Centre from 1943 to 1956, died ten years after he retired, the Guy's world lost a character, and the Classical Association a distinguished member. He hated erroneous neologisms because they were to him obviously misleading. Iatrogenic was clearly an adjective to apply to something that made doctors; "I suppose they mean iatrogenetic". The clinic room echoed with his voice, and from Newcomen Street one could detect (without understanding) the noble Lucretian phrases with which he praised the mother's good work and the child's beauty. He could convey the pleasure he found in seeing healthy children, and this is the truest stimulus to promoting good health and preventing disease.

The Future

There will be most important functions for the Guy's Medical School Child Health Centre in the future. The introduction of universal periodic developmental screening implies a large need for undergraduate and continued education in the necessary procedures. Whether the doctors of Child Welfare Clinics are general practitioners or local authority doctors, many of them do not yet know the techniques. The Salomons' Centre is playing an important part in teaching developmental screening, and the normal infants and children and their mothers give freely of their time to perform in demonstrations given to paediatricians, students and others at the Newcomen Centre.

The Centre must endeavour to continue to be up-to-date, modifying its activities in the light of current needs and using all the best possible methods educational and medical.

The present accommodation is not well designed. The Salomons' Centre Committee believes that a new building is needed, and that to be near where the mothers live, it should be on the south side of the periphery of the Guy's site; that it must be on the ground floor and must mave its own entrance The Committee does not think that the suggested siting within the new out-patient department will be suitable. The Centre is at present very near the Newcomen Clinic, where so much teaching of development takes place, and this is a good argument for placing it with its own entrance on the site for the new Newcomen Centre.

Dr. Vertue's ideas deserve to be repeated: —

> "The present Centre is ill-conceived. It should be rebuilt on entirely different lines. It ought to stand separately as a building on its own or, if that is impossible, have a separate entrance. The most fatal error would be to relegate it to a floor in the Obstetric Block. The building ought to have no resemblance to a medical nor surgical block, nor anything suggestive of commerce. The one thing it ought to suggest, quite clearly, is home, a gracious and kindly place, soon mellowing and mature that speaks of welcome to all those that come.
>
> A sward of grass where children can play in summer-time, should be before it, edged with trees, that a network of leaves may shade them from a blazing sun. There, water should be laid on to splash their bodies. Maidens from the Massage School would teach them to use their little limbs aright. To the mothers it would be a place of rest and enjoyment of Nature.
>
> Within it should have the commodiousness it now lacks and be as beautiful as without. Everything common, mean or ugly should be banished utterly. This is a place of education."

May the Centre be so rebuilt and long may its work continue.

HEALTH EDUCATION AND CHILD HEALTH

by

K. Schwarz

A major difficulty that is often experienced in any health education programme is the definition of the objective. The reasons for this are often apparent because the objective can usually be readily discerned by investigating the needs and demands of a particular community.

Demands

(*a*) *Infants*: If one looks at the causes of infant mortality, immediately a number of priorities become evident:

Causes of Infant Mortality

1967 (Death Rates/100,000 Live Births)

1.	Congenital malformations	379
2.	Bronchitis and pneumonia	316
3.	Asphyxia and atelectosis	273
4.	Immaturity	272
5.	Injuries at birth	182
6.	Haemolytic disease	35.8
7.	Accidental suffocation	18.1
8.	Whooping cough	2.9
9.	Measles	2.2
10.	Tuberculosis	0.84

From these figures it can be seen that congenital malformations, bronchitis and pneumonia head the list, immediately followed by immaturity, asphyxia and atelectosis as causes of infant mortality. While these may be top of the list as causes of infant *mortality*, different priorities may have to be worked out on the basis of which of these causes are amenable to preventive medicine and other measures. To exemplify this, one need only look at the problem of birth injuries which, although in position number five, should be more immediately amenable to medical measures than, for example, congenital malformations.

(*b*) *Young Children*: In an attempt to compare the relative mortality figures between infants and young children, the following figures may be helpful:

Infant and Child Mortality 1967 (England and Wales)

Perinatal Mortality	25.4/1,000 total births	
Neonatal ,,	12.5	
Infant ,,	18.3	
1 year	1.24	per 1,000 Living
2 years	0.79	
3 years	0.57	
4 years	0.47	

From the above figures it may be seen that after the end of the first year there is a progressive reduction in mortality, which is a clear directive at what stage in a child's life preventive action is likely to have the greatest influence.

(c) *Schoolchildren*: The following figures for 1966 give some idea of the immediate demand that schoolchildren can be expected to make on the medical service:

Schoolchildren, 1966

100,000	handicapped children received special education
65,000	were treated for defective speech
57,000	attended child guidance clinics
30,000	were considered unsuitable for education at school
10-15%	schoolchildren in ordinary schools were in need of remedial teaching.

Naturally the preventive, diagnostic and therapeutic aspects vary in each of these sub-divisions.

When the *mortality* and *morbidity* figures are taken in conjunction a number of other trends are to be seen; for example, it is obvious that in the last thirty years infectious diseases are becoming of less importance, while non-infectious diseases are on the increase. While generalisations may be made, certain details will indicate where individual disorders conform to this trend and where they differ from it. The following figures are consultations in general practice:

CHILDHOOD MORBIDITY

Consultations in General Practice

Respiratory illnesses	380/1,000 at risk
Infectious diseases	154/1,000 at risk
Accidents	141/1,000 at risk
Skin diseases	138/1,000 at risk
Gastro-intestinal tract diseases	109/1,000 at risk
Non-sickness	93/1,000 at risk
Otitis media	63/1,000 at risk
Mental disorder	7/1,000 at risk

These figures highlight that in general practice respiratory illnesses and infectious diseases still head the list of conditions, making the main demands on the family doctor service. It is also important to note that mental disorder only claims 7 consultations per 1,000 persons at risk in general practice. The hospital in-patients inquiry can also be of some help in continuing to complete the picture of the natural history of a variety of disorders. In non-psychiatric hospitals the mean duration of stay may provide an indication of the general morbidity that occurs in children:

CHILDREN IN NON-PSYCHIATRIC HOSPITALS

(H.I.P.E. Data)

Mean duration of stay of 0-14 age group = 10.2 days
0-4 age group: 3 beds occupied/1,000 population 0-4 years
5-14 age group: 1-6 ,, ,, ,, ,, 5-15 ,,

Further information may be derived from some figures which indicate the peak incidence of infectious diseases in 1967:

INFECTIOUS DISEASES 1967 (England and Wales)

	0	1–	3–	5–	10–
Measles	103	1,681	4,548	10,405	1,568
Whooping Cough	3,024	8,047	8,973	11,326	1,170
Acute Pneumonia	1,066	———	——→	731	——→
Dysentery	998	3,393	3,038	5,913	1,594
Meningococcal Infection	80	64	24	40	21
Typhoid & Para Typhoid	26	———	——→	51	——→

While these figures have shown the *demand* that children will make on the medical services, the approach to the definition of need requires many ancillary measures.

Need

Many of the figures which are available indicate the end results only of various disease processes; in order to determine the true need, not only do screening procedures have to be used to detect latent and incipient stages of many of the disorders which cause morbidity later in childhood, but in addition many abnormalities have to be recognised which are likely to cause disability and death in adult life. There are very many examples of this whether it be the potential or latent diabetic who many years later may develop diabetic complications or whether it be some infectious disease which will predispose to a reduced resistance of the respiratory tract, making an individual prone to the development of chronic bronchitis. Metabolic and other disorders also require mention and even disorders which may include pre-cancerous conditions. Nutritional abnormalities focus attention on the problem of childhood obesity. There is screening for tuberculosis sensitivity, screening for anaemia, screening for mental disorders, and, recently, something that has attracted a great deal of attention, the presymptomatic diagnosis of bacteriuria and its relationship to renal disease.

Taken together, the need and demand comprise the true medical requirements of childhood.

When one analyses the need and demand together, it is evident that in each community the priorities will differ in infancy, in the young pre-school child, and in the schoolchild. In order to plan the appropriate campaign of health education, the priorities in the particular group concerned have to be analysed. In addition, at the outset, decisions have to be made whether the health education programme will be short or long term because in some instances these programmes need to be planned separately while in other instances the one may be complementary to the other.

The Health Education Programme

The Sheldon Report defines some of the functions of a child health service as follows:

SHELDON REPORT

Functions of the Child Health Service

1. Health Education
    - (a) Nutrition and hygiene
    - (b) Immunisation and vaccination
    - (c) Social and educative
    - (d) Parent counselling
2. Medical Functions
    - (a) Screening for disease
    - (b) Routine medical examinations
    - (c) Treatment

From these recommendations it can be seen what the role of health education could be, because not only would health education fulfil a promotive health function, it would also encourage the optimal use of the medical services available.

General Health Education

General health education may be directed to certain major health topics, such as growth and development, the care of the body including things like nutrition, clothing, and cleanliness, and the physiological requirements of the body, for example, rest.

If the theme of growth and development is progressive from the health education of the expectant mother, through childbirth, infancy, and the pre-school child to the schoolchild, then the central theme can be elaborated to cope with any particular major health problems that may arise at any time. In general health education, it is advisable to have a theme which will permit health education to be carried out both directly as formal instruction or indirectly when the opportunity arises, the latter being far more difficult and demanding considerable knowledge and experience from a teacher, by example, or by exhibition. An important feature of such health education is unanimity, because if certain aspects are emphasised in a clinic and the opportunities to practise these procedures do not exist in the home or if the parents give no support to an idea which is instilled into a schoolchild, then it will not come as a surprise that the effect of the health education programme is severely limited. This is particularly relevant to the pre-school child, the nursery school, the junior school and the secondary school.

Essentially then, the only way to have any degree of success is to ensure co-operation between the educational and medical authorities and the parents, and to recognise that any of these, attempting to do something in isolation, will be severely handicapped.

A problem that one often encounters is that people have a rigid programme of health education which they apply to, for example, children aged 11 to 12 years. This may be the children's chronological age, but unfortunately this may not reflect either their physiological age or their mental age nor, in addition, the influence of experience, so not unnaturally difficulties arise if no effort has been made to pre-test the children. The individual approach is the only one which can offer optimal success. Unfortunately, however, this approach requires wide experience of health education, a considerable amount of background knowledge, and an educational ability to establish a rapport with the audience so that the *true* problems of a particular audience are brought out and identified. In an age group, generalisations may be made, but the only predetermined point, for example, in a talk to a group of schoolchildren, is the main theme because the approach to this theme could come from a multitude of directions and what might be a suitable approach for one group, might be completely unsuitable for another. This adaptability is the keynote of success, because any attempt at a rigid approach will stultify the atmosphere and build up such mental resistance that the session deserves to be abandoned.

Health education may be directed to a specific problem, for example, that of community health, and cover problems that would come under some such title as "Health Hazards of Today". Bronchitis and chronic bronchitis could be one of these hazards and presented through the medium of the impact on the individual, on employment, on the community, and on the economy, the subsequent discussion covering aetiological factors, atmospheric pollution, cigarette smoking, and the role of infections.

The same principles could apply, for example, in a discussion on the various medical services, both hospital and personal health services being discussed from the point of view of their role in preventing disease, diagnosis of disease, the management and rehabilitation that may be necessary in a variety of disorders—as these services affect the individual, the individual being the focus of attention.

Particular Health Education Projects

While general topics are included at the appropriate stage of a health education programme, specific problems may often have to be integrated into an existing general health education programme. Usually these particular topics are some current health hazard, for example, the presence of some infectious disease, problems of drugs, alcohol and tobacco, and so on, and their integration into the overall health education picture can be quite a challenge to the health educational planner. This becomes even more difficult when children up and down the country have been exposed to variable and haphazard forms of health education. Under these circumstances pre-testing becomes even more important in order to be sure what background knowledge individual groups are likely to have, before deciding the form that specific health education should take.

One need only look at the problems of drugs, alcohol and the abuse of tobacco. It does not help to spend a considerable amount of time, personnel and money on a health education campaign telling young people that smoking cigarettes will cause cancer when they already know that 90% of lung cancer is caused by cigarette smoking. What is important is to put the knowledge that individuals already possess into the correct perspective. In the case of drugs, one needs to clarify what is meant by drugs, and to give a clear presentation of the problem, the medical uses of drugs, etc., then using everyday examples, including tobacco and alcohol, to explain the true implication of what mis-use implies. This type of information will allow young people to make independent decisions and will help them to become individuals and not merely one of the herd and following a herd line. Many of these concepts must be reinforced by discussions on why certain people take drugs, i.e. because of psychological illness, domestic strife, etc., and then, at the other extreme, on the financial incentive or the blackmail that turns an individual into a drug pusher.

Evaluation

The evaluation of a health education campaign is of particular importance not only to determine how effective it has been, but also to clarify any defects that exist in the programme, which modifications of techniques and content could resolve. Unfortunately far too many people place their reliance upon questionnaires and feel that if questions are answered before and after health education this should indicate whether or not health education has been successful. What is often forgotten is that the possession of knowledge does not imply a particular code of behaviour. Or to put it another way, " I know what you advise, but I won't *do* what you advise". Sometimes direct evidence may be available, when the number of immunisations increases over a period of time after health education has encouraged the community to avail themselves of immunisation facilities. However, even under these direct circumstances, difficulties may arise because indirect influences may confuse the issue. An example of this may be seen when many people suddenly present themselves for X-ray of the chest, this being attributed to a successful health education campaign, when in fact, they really come because their children are nagging them for the badges which are being handed out only if the whole family has been X-rayed or because if the correct number turns up they are likely to win a box of groceries.

It is therefore evident that a number of procedures of evaluation are required. Questionnaires carefully framed can be of help, especially if the evaluation takes the form of a number of questionnaires. Indirect evidence can be gathered to assess changes in mode of behaviour, i.e. increased attendances at immunisation clinics, the type of advice required at child welfare clinics, etc. Further, the number of complications that occur in infectious diseases, i.e. measles and so on, can be noted, which will lead one on to the most important form of evaluation, changes in the epidemiological picture of morbidity and mortality rates.

Conclusion

The pattern of morbidity and mortality is the basis of any health education programme; unfortunately, while general trends may be observed nationally, the regional picture is often vastly different, and these differences can make, and in some cases break, the programme. The demographic factors may be viewed in much the same way, and if they are known in advance are likely to facilitate any plan for health education. Certain priorities must be worked out for a general health education campaign, but the short term approach would be different from that of the long term one which would probably have to be integrated into the educational system. The short term health education campaigns would act as a booster to reinforce the effects of the long term programme. Integrated into this overall picture could be particular health problems which arise from time to time. Health education should not be carried out without some form of built-in assessment because experience in recent years has shown that many modifications in behaviour have in fact not been due to health teaching, and that if one wishes to obtain the maximum benefit from health education, an attitude of scientific detachment is required.

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CURRENT VIEWS ON THE PREVENTION OF SEVERE SUBNORMALITY

by

JOHN BLACK

In this article I only attempt to illustrate some of the principles which are emerging as a result of advances in various fields of medicine. There is, of course, a continuous gradation from normal intelligence to severe subnormality, but there is some value in making the distinction between the subnormal and the severely subnormal, the latter being defined as anyone who is incapable of a socially independent existence; or in the case of children, those who will be incapable of an independent life at an age when this would normally be achieved. The severely subnormal individual has an intelligence quotient of 50 per cent or below, but in an assessment social abilities are more important than is the actual I.Q.

Background

In the United Kingdom, until the Industrial Revolution in the latter part of the 18th and the first half of the 19th centuries, it was usually possible to retain the severely subnormal within what was a predominantly non-mechanised agricultural society. With the growth of the large industrial cities the mentally handicapped could no longer be absorbed into the community, and a tidy but callous solution was provided by the erection of huge hospitals situated in the depths of the country, and the problem was forgotten for the next hundred years.

The whole idea of institutional care for the severely subnormal is now being questioned, partly because of a realisation by the public and the medical profession that the hospitals for the mentally subnormal (and the hospital for psychiatric patients also) are over-crowded to the point of inhumanity, and understaffed to a degree where standards of care have seriously declined. A shortage of nurses is likely to persist in Western societies, partly because of the diminishing proportion of unmarried women, and partly because the variety and scope of occupations open to women are increasing. Industry can always out-bid the hospital authorities for female labour by raising salary scales and passing the extra cost on to the consumer. In these circumstances the less attractive and rewarding branches of nursing are bound to suffer. Thus there are very strong reasons for finding an alternative solution to custodial care in an institution or hospital. It is also accepted that the patient who remains in these hospitals for many years, without stimulus or adequate social contacts, will deteriorate even further in intelligence and abilities. The solution which seems most likely to be favoured is provision of hostels for the mentally subnormal, with sheltered workshops for those able to make use of them.

With this increased interest in the problems of mental subnormality, the question of prevention is receiving greater attention. Since in most communities the severely subnormal constitute about 0.35 per cent of the population this is a matter of great humanitarian and economic importance. Damaged brain tissue cannot be regenerated and it is obvious that the incidence of severe subnormality can only be reduced by preventive measures, and that any programme of prevention must be based upon an accurate knowledge of the causes of brain damage, or of the circumstances likely to be associated with subnormal intelligence.

There are two distinct problems involved in the prevention of severe subnormality. The first concerns conditions which are well recognised and whose cause is known; the second, a much more difficult question, arises in those cases where no definable condition or cause can be identified.

Severe subnormality of known cause

It is sometimes useful to abandon the more traditional classifications; in this article the prevention of severe subnormality is considered under two headings : treating the unpreventable, and preventing the untreatable.

Treating the unpreventable. An example of this approach is the detection and treatment of phenylketonuria, galactosaemia and other metabolic disorders associated with mental retardation. These conditions cannot be prevented from arising, simply because one cannot prevent or predict the marriage of heterozygotes. The actual procedure is well-defined and depends upon a practicable method of screening the whole infant population in order to detect the homozygote in the pre-damage stage. In addition, special attention is paid to children born to families which have already had an affected child. An effective dietetic treatment for the cases detected by the screening programme is of course necessary in order to prevent the brain damage which would otherwise occur. Many countries are setting up mass screening programmes for phenylketonuria, using the Guthrie or other more complex techniques (e.g. Scriver method) which use a drop of blood dried on to filter paper. Normally this test is done between the 6th and 14th day of life. Galactosaemia can also be diagnosed by a modification of the Guthrie test and the Scriver technique will detect other disorders of amino-acid metabolism.

Another example of the prevention of otherwise inevitable brain damage is the use of the Spitz-Holter valve in the treatment of hydrocephalus. Our knowledge of the aetiology of the common form of hydrocephalus associated with spina bifida is not adequate to prevent the occurrence of this condition, but the brain damage due to progressive hydrocephalus can now be alleviated or prevented.

Preventing the untreatable. Unfortunately this group accounts for the majority of cases of severe subnormality, and therefore the only effective preventive measure is to identify the circumstances likely to lead to mental subnormality, and to intervene in various ways so that an affected individual does not result. There are many ways in which the various sets of circumstances can be tackled. On an individual basis, amniocentesis can be used to identify the foetus affected by a number of different conditions, and the only logical outcome if an affected foetus is found is the termination of the pregnancy.

A pre-natal diagnosis of Down's syndrome (Mongolism) can be made by culturing the foetal epithelial or amniotic cells obtained at amniocentesis and examining the chromosomes. There are two situations in which this method is applicable; in pregnancy in women over 35 years, and in the younger woman who has already had a child with Down's syndrome and who has or whose husband has a transmissible form of translocation with a high risk of producing another affected child in subsequent pregnancies. Amniocentesis can also be used to detect the affected foetus in certain untreatable conditions associated with severe subnormality. This type of investigation can be applied to a family with a child already affected, as in gargoylism (mucopolysaccharidosis), in which the foetal cells can be cultured and stained by special techniques.

Prevention can also be achieved by the dietetic treatment during pregnancy of a mother known to have phenylketonuria. It is now recognised that exposure of the foetus to a high blood level of phenylalanine derived from the mother's blood will produce a retarded child which does not itself suffer from phenylketonuria. In women with phenylketonuria who are for various reasons (late detection, treatment given up) not on a diet low in phenylalanine, strict dietary treatment should be maintained during pregnancy. The routine testing of urine with Phenistix as part of the ante-natal examination might detect a few unsuspected cases of phenylketonuria, and this diagnosis should certainly be considered in any woman, even of apparently normal intelligence, who has produced two or more children who are mentally retarded with no obvious diagnosis.

Finally there are certain areas of general obstetric and paediatric care where a greater concentration of effort is required. Improvement in the detection of **intra-uterine hypoxia** (foetal distress) and **foetal starvation** (small for dates infant) would certainly reduce the number of infants born with cerebral damage from hypoxia. Another aspect of obstetrics in which more effective preventive measures are required is in the reduction of the incidence of **premature labour** and hence the number of infants with very low birth weight. In the older child the prevention and the better treatment of **status epilepticus** would reduce the incidence of hypoxic brain damage which is often the sequel to long-continued major epileptic fits (1). Badly managed **respiratory**

obstruction with periods of respiratory or cardiac arrest also causes permanent cerebral damage in the survivors. Earlier diagnosis and more effective teatment of **bacterial meningitis,** particularly in the neonatal period, would prevent many cases of severe subnormality.

At a community or national level there are a number of ways in which brain damage can be prevented. The prevention of measles would abolish **measles encephalitis,** but this only occurs in 1 in 1,000 cases of measles and it may be argued that a measles vaccine would be better employed in countries in which measles itself is a killing disease. The use of a vaccine against **rubella** is more promising in this respect. The immunisation of girls at 14 years (or earlier if necessary) would certainly reduce the incidence of congenital rubella. However, at the most, only 10 per cent of cases of severe mental subnormality are due to rubella, whereas intra-uterine infection with cytomegalovirus and toxoplasmosis probably account for a larger number of cases (2) and there is no effective method of preventing these infections of the foetus.

An interesting application of community medicine in the prevention of severe subnormality is the use of iodine supplements in the food or water in the large areas affected by **severe iodine deficiency.** This used to be a problem in the remoter Swiss valleys, but was dealt with by the addition of iodides to table or cooking salt. There are still areas of New Guinea and the Congo, and apparently in India also, where severe iodine deficiency is accompanied by endemic goitre in the majority of the adults, and mental retardation and deaf-mutism in the children. A recent survey in Western New Guinea (3) showed that approximately 7 per cent of the children (those up to six years of age were examined) in some areas were severely subnormal. It is of interest that these children did not appear to be clinically hypothyroid and it was suggested that the damage to the brain and inner ear may have occurred because the foetus developed in a severely hypothyroid environment.

In urban societies, brain damage from **road accidents** is an increasing problem. An intelligently directed campaign to teach school children to drive and to have a rational approach to driving would certainly reduce the number of road accidents. Mesures such as "kerb drill" and instructions on riding a bicycle are not enough. Unhappily, traumatic brain damage in childhood is not confined to accidents. Paediatricians in Western societies have encountered numerous instances of the **"battered child" syndrome** in which permanent mental incapacity due to subdural haematoma has been attributable to trauma inflicted by the child's parent or parents. Our understanding of the parental attitudes in these cases is still very incomplete, but prevention of further trauma can sometimes be achieved by providing guidance and support for the whole family.

There is one aspect of severe subnormality which receives no mention in most surveys of the causes of mental handicap. In 1967 the *American Journal of Public Health* (4) published a survey of the offspring of mothers who were pregnant and were exposed to **irradi-**

ation from the atom bombs at Hiroshima and Nagasaki. In the control (not exposed) population the incidence of severe subnormality was 0.5 per cent, but in the children whose mothers were less than 1,500 metres from the hypocentre of the bomb there were 5 per cent who were severely subnormal, and this was invariably associated with microcephaly.

Severe subnormality of unknown cause

In any survey of individuals with severe subnormality there is a large group, usually about 60 per cent, in which no diagnosis can be made and no cause can be found. An investigation on these lines in Israel (5) has confirmed that in spite of intensive investigation a definite diagnosis could not be made in 64 per cent of 430 cases. Even those with a definite diagnosis included 72 cases with the diagnosis "heredofamilial syndrome previously undescribed" (14 cases) and "heredofamilial retardation without diagnostic findings (58 cases). In both these categories it is probably correct to assume that some type of metabolic disorder involves the brain, but that our present methods of analysis are insufficiently sophisticated to detect the abnormality. In such families genetic advice would help to avoid any additional affected children, but only when a heredofamilial pattern has been established.

Conclusion

It is clear that much is still to be learned about the causes of severe mental subnormality, and until we know more there will remain large areas where preventive measures, other than rather crudely based genetic advice, cannot be applied. However, there **are** numerous examples of preventable brain damage which are still occurring because available knowledge and techniques are not applied. For those who are already mentally handicapped, society must make certain that its attitude does not result in further deterioration due to social isolation and unnecessary confinement in institutions.

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PREVENTION OF INFECTION IN CHILDREN

R. C. MacKeith

Prevention is Better than Cure

Children—that is people under 16—form *half* the population of the world today. In 30 years' time the world population may be twice what it is now and there will be twice as many children, perhaps more.

Hard work will be needed to avoid widespread malnutrition. If production of food and goods is to be maintained it will be and is already imperative to prevent infections and the disorders they lead to—anaemia, premature delivery, etc. Malnutrition and infection are together powerful allies indeed in the production of incapacity to work.

The treatment of meningitis, osteomyelitis, pyelitis and other infections in childhood are frequently discussed. Such discussions should never be considered complete unless the extent to which these illnesses might never have happened has also been dealt with.

Infections may be viral, bacterial, protozoal and metazoan. How may each of these be prevented? This is the problem. Making the plan to meet it deserves the hardest thinking and putting the plan into operation will deserve the best of teaching techniques if we are to persuade people to play their parts in prevention of infection.

We can start by considering the concept of Infection.

The great achievements of the theory of Infection have distracted attention from certain weaknesses of the theory. As stated in its simplest form, the theory presents the attractions of a single cause theory, but in that form it fails to cover many facts. For instance, why does the presence of pathogens sometimes produce infective illness and sometimes only colonisation? We need the ideal of the seed and the soil. We need to see all infections as occurring in people who live in their own groups. If we did we might see that our new weapons, the anti-infective drugs, wonderful though they have been, have not given us the total success we hoped, because, as practising doctors, we have used them without considering other aspects of the patient and his infective illness.

Infective illnesses have an immediate cause; a germ. (To have an infection without a germ would be, like conception without a spermatazoon, miraculous.) Besides the immediate cause of the infective illnesses there will be underlying causes, anatomical and physiological, intellectual, emotional and social. Any or all may come into our plan of prevention.

"Assessment and control of infectious disease depends on the recognition, quantitatively where possible, of these other determinants. It is often easier to use antibiotics or vaccines than to alter human behaviour or the environment, but if a disease is maintained because of attitudes, behaviour or surroundings, a germ-orientated approach is unlikely to succeed. Recurrence of epidemics in hospitals, barracks, schools and over-crowded or unsanitary communities are proof of this. Mounting expenditure on antibiotics, vaccines and medical care is probably greater than the cost of the simpler measures required for environmental prophylaxis. The main defect of the germ theory is that it supports an over-simplified view of the natural basis of infectious disease. Osler, a firm believer in the theory, described tuberculosis as a ' social disease with medical aspects '. It is very unfortunate that striking success in controlling the medical aspects has not always led to comparable zeal in controlling the social aspects common to this and most other communicable disease" (Stewart, 1968). To this we shall return.

To continue our basic review let us look at our attitude to preventive medicine. Medicine is not only economic in its origin, it springs in part from a desire to help the suffering, and the science and art are indeed rewarding intellectually and emotionally. But why don't we get our satisfactions from *preventing* illness. To do so is a more sophisticated approach; it does not come automatically. Are medical schools and post-graduate course organisers everywhere giving due thought to the idea of preventing illness?

In this country we have a particularly promising opportunity. We have a National Medical Service which truly could become a National *Health* Service. Yet we spend only 5 per cent on promotion of health and 95 per cent on the treatment of disease. It is revealing that we pay the doctors who promote health at a lower rate than we do the doctors who treat disease.

(And for that matter, they pay *me* at a lower rate for the work I do in the borough preventive service than for the work I do for the hospital.)

The Child Health Centres of the N.H.S. offer a wonderful opportunity for health education and prevention because 84 per cent of infants come to welfare centres at least once in the first year of life.

Prevention

Basically prevention is

primary
secondary
tertiary.

Primary prevention is preventing illnesses from happening.

Secondary prevention is recognising them early to give treatment with hope of complete and lasting cure.

Tertiary is aimed at preventing the secondary effects of disorder.

Infections spread from a *source*, by means of a *vector*, to a victim.

Opportunities of prevention of infection may be found by considering each of these in succession.

Containing the sources of the infective agents

The sources of infective agents are cases, carriers, convalescents and those incubating a disease. Suspected cases can be isolated until they are no longer infectious. We should keep carriers of virulent staphylococci from contact with infants and young children. We can sometimes "sterilise" cases and carriers, that is, free them of the dangerous germs they carry, by antiseptic treatment with antimicrobial drugs. A person with a sore throat has a two-thirds chance of it being due to haemolytic streptococci and a one-third chance of it being due to viral infection. A course of antibiotic-penicillin is given to get rid of the streptococci which are *probably* present. To ensure complete riddance, an 8- or 10-day course is wise and if this were always done we would almost certainly prevent the development of sensitisation and hence prevent the person developing rheumatic fever or acute nephritis.

People exposed to infection by contact with known cases of bacterial infection may be given antibiotics so that any pathogens are quickly destroyed.

Dealing with the Vectors

The germs spread by air, water, food and contact (direct and indirect). The provision of clean air and water are community services; clean food requires, at various stages, community AND personal measures: contact spread is susceptible only to prevention by personal action.

The individuals who make up the community need to be convinced that it is worth their while to spend their money on community preventive services whether it is clean air or good housing. This is a matter of teaching, of salesmanship, for which doctors are ultimately responsible.

When prevention requires personal action, the community also has responsibility. It must provide living conditions in which efficient personal measures are possible; and it must provide education. This may take time. If we are discouraged by the failure of our propaganda against cigarette smoking by the young, we can remember that the present widespread general knowledge of infant feeding derives from the health education in Child Welfare Clinics in the last 50 years. Ninety years ago, in the *La Vie Parisienne,* a cartoon appeared—

> "Mother, what is the milky way?"
> "My child, it is the way to the cemetery."

Today artificial feeding is safe because there is general knowledge of how to prepare feeds which are safe.

Raising the resistance of the potential victim

The victim's resistance may be increased in two ways. They are :—

1. Immunisation which is available for a number of but not all diseases.
2. Improving the general resistance, of the body and of the mind.

So much for a basic review of the prevention of infection. We shall now take a brief look at the world situation before focusing on some of our home problems in greater detail.

HOW GO THE WORLD'S BATTLES TO PREVENT THE MAJOR INFECTIOUS DISEASES?*

Viral Infections

Poliomyelitis. While oral vaccine has been sometimes less effective in tropical places, 400 million have received it and in many countries as in Britain the disease has disappeared.

Trachoma. The virus was isolated in 1957 and a vaccine is now possible. With 400 million sufferers, this is much desired.

Smallpox. This remains a major threat. A recent epidemic in India revealed a world shortage of vaccine.

Influenza. Influenza comes and goes. There is news of prevention of experimental influenza with a quinoline drug UK 2371 produced by Pfizer.

Measles. In tropical countries measles, especially in association with malnutrition, is a serious illness but we can now vaccinate against it and are beginning to do so.

In developed countries measles is not a great killer but :

(a) it causes more school absence than does recurrent respiratory disorder;

(b) occasionally it causes an encephalitis which can be disastrous. In Britain with half a million cases a year there are perhaps 600 with neurological complications. In Vancouver before vaccination, there were 20 cases of measles encephalitis in a year; now there are none.

Bacterial Infections

Neonatal tetanus could be prevented by immunising women in pregnancy but we have sadly to admit that it has not yet been prevented.

Cholera has, since 1965, spread to 23 additional countries.

Plague has been spreading.

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* Information largely from "UNICEF NEWS," April 1968.

Leprosy still affects 11 million people, a third of whom are disabled. Energetic treatment (with sulphone drugs) of early cases as out-patients promises to reduce the spread. UNICEF is treating 800,000 children.

Tuberculosis still causes 3 million deaths a year. But the battle is mounted; 226 million children have had B.C.G. in the last 20 years. The "Madras Experiment" (by an old Guy's man) showed that patients given drug treatment in their own overcrowded, poverty-ridden homes do better than comparable cases admitted to sanatoria and given the same drugs.

Yaws is a great success story. Twenty-five years ago, 200 million were at risk, now only 50 million. One injection nearly always cures, but for every case treated, 10 or 20 contacts also must be treated. In all, 100 million have been examined and 50 million treated in UNICEF-WHO campaigns.

Protozoal Infections

Malaria is still the most prevalent and pernicious disease in the tropics. Its worst effects are on infants and children and it contributes to the high frequency of low birth weight babies. Malaria eradication programmes have been applied to populations totalling 675 million and are in operation now for 630 million people. When the malaria death rate falls, so do the death rates for most other causes of death in childhood.

Metazoan Infections

Alimentary metazoa, notably *hookworm,* are a major cause of inability to work in countries with poor sanitation. It is 50 years since the Rockefeller Institute wiped out hookworm from the Southern States of the U.S.A. It could be wiped out elsewhere.

Biological weapons of war

At Porton, we maintain research on biological weapons of war. In theory, the work of the doctors and other scientists there is protection against infection. This can be accepted but it can still be recalled that in 1925 Britain signed the Geneva Protocol against use of biological (and chemical) weapons. If the research work at Porton were declassified and made public, this country would be making available for world-wide use, a large amount of information on the prevention of infection. One might quote: "Rather would I see Britain with a place at the top table of humanity than at the top table of biological destruction". (Bothwell, 1967.)

The two chief killing infections among children in Britain

The important infections as far as infant and child mortality in the U.K. is concerned are :—

bronchitis and pneumonia
and
gastro-enteritis.

For neither of these is a specific immunisation at present available and for most gastro-enteritis no antibiotic therapy is of much avail (in fact, antibiotics are contra-indicated because they increase the subsequent carrier rate). It is necessary to rely on other ways of checking the spread and increasing the resistance of those who become infected.

Respiratory illnesses

In children 0—5 years, 8 out of every 10 illnesses are infective and 5 of these are respiratory; i.e. one-half of all the illnesses and one-third of all the deaths in children 0—5 years are respiratory tract infections. The major killing infections are syncytial virus and staphylococci. Professor Court (1968) suggests that for good secondary prevention pneumonia in this age-group should be treated in hospital and that when pneumonia is suspected benzyl penicillin with cloxacillin is the antibiotic treatment of choice. Often respiratory infection needs to be treated on a family basis much as we have learned to do for threadworm infection, for the adult's "cold" appears in the toddler as bronchitis and in the infant as pneumonia. The general practitioner soon learns how an epidemic infective agent is behaving and if the agent or the common secondary invader are evidently serious he can be quicker on the draw in using antibiotics in this way.

Gastro-enteritis

In 1947, 4,571 children under two died of gastro-enteritis and in 1964, 397, but the figure of 397 needs to be compared with the figure of 69, which was the total of deaths in 1964 from pertussis, measles, tuberculosis, diphtheria *and* chickenpox all added together; and with the 32 who died from poisoning and the 100 who died of burns.

The mortality from gastro-enteritis rose steadily from 1958 to 1962 and then fell but in 1965 was still above that for 1958. Universal breast feeding would be a specific preventive. In epidemic neonatal gastro-enteritis, the mortality among breast fed babies is low and among bottle fed tragically high. In older infants having been breast fed is a great help; for Gairdner (1945) showed that among those who had been weaned under one month the mortality was twice as high as it was for those who had been breast fed more than a month. Are nurses, midwives and doctors aware of this?

Improving the Resistance of infants and children at risk

Specific Immunisation

Vaccination against diphtheria, tetanus and pertussis is given at second, third and fourth months, oral polio vaccine at fifth, sixth, and seventh. At 15 months a booster dose of triple vaccine is given and at 16 months smallpox vaccination. At present measles vaccine is given to older pre-school children and in the primary schools.

There is some difference of opinion about the advantages and disadvantages of pertussis immunisation. For any child who has a febrile or other general reaction after triple vaccination, the pertussis part is best left out in later doses. But it is not wise to omit pertussis vaccination because a child has a history of seizures or brain damage; the possible damage from pertussis is greater than that of pertussis vaccination.

Smallpox vaccination is least liable to complications if the primary vaccination is in the second year. Some advocate omitting smallpox vaccination as a routine, but travel abroad is increasingly common and it seems wise to continue to vaccinate all children against smallpox vaccination, doing it at an age when it is least likely to produce complications. Certainly all doctors and nurses should be vaccinated.

Influenza vaccine seems harmless and may be efficacious.

Typhoid, cholera and yellow fever inoculations are usually done only when the potential victim is liable to be at risk by travel into an area when one or more of these are endemic. Nurses and doctors should all be vaccinated against typhoid for cases may arrive unheralded and past outbreaks of typhoid in this country have led to a sad loss of life among the nurses caring for cases.

Increasing general powers of resistance

The victim's *general* resistance to colonisation by the pathogen, to invasion (i.e. developing an infective illness) and the progress of the infection are aspects of his constitution.

When we have no means of immunising and no efficient drug treatment we can only support the victim while *he* deals with the invading agent. But we should not neglect doing this even when we have a useful drug.

Inherited factors

The Irish are more susceptible to tuberculosis but once infected, do as well as those of English stock.

Social Class

Severe respiratory illness was ten times more common in children of the poor—the unskilled workers— than in those of the prosperous—the professional classes—in the 1,000 Newcastle families reported by Miller *et al* (1960). Poverty is a complex of overcrowding, poor nutrition, a tired mother, inefficient housing. Miller concludes: "In infancy, at least, social factors largely determine whether a given infection will develop as a cold, bronchitis or pneumonia" (Miller *et al*, 1960). The age of the victim also plays a major part.

Social factors in hospital admissions

Strauss (1965) showed that in a number of European countries, social factors were the main reason for 15 per cent of all admissions to children's hospitals and important contributory causes in 45 per cent. In general we pretend that these children are admitted because of an infection and by this fiction we are enabled to ignore the prime cause. As social conditions play so large a part in the reasons for admissions into hospital, it does seem rather fatuous that they receive no notice in our diagnosis. Ought we not to be spot-lighting such prime causes and major contributory factors so that, at least, the problem is defined, even if we are unable to do much to achieve its immediate cure.

Flats and Houses

The morbidity of families who live in flats was, in one study, 57 per cent greater than in those living in houses.

Nutrition

Child mortality from infection has been falling for many years. In 1937 the fall showed an acceleration which was probably due to improved nutrition from the full employment of preparation of war and this was later enhanced by the wartime rationing which ensured food for pregnant women and children.

In 1931, Helen Mackay showed that children in day nurseries who were given iron had fewer infections. As nutritional anaemia is still common in young children (Asher, 1967) the effect of giving iron supplements to children in day nurseries might be tried again.

In Britain today, 400,000 children are obese and will have in childhood and adult life more than their share of infections. Because fat adults have usually been fat children, the prevention of obesity in adult life and childhood is largely a responsibility of those who care for children in infancy.

Conversely, 500,000 children are sub-optimally or poorly nourished; because they are in families with incomes so low that they cannot provide an adequate diet. Most of these families are not incompetent problem families; they are families who have had bad luck. One might evoke sympathy by use of an old-fashioned phrase, "they are deserving families", but this can only remind us that *all* children are deserving, however trying to society their parents may be. It could be argued whether a drunk is entitled to free treatment after a car collision or a heavy cigarette smoker for his lung cancer. But when Polonius said: "My Lord, I will use them according to their desert," Hamlet replied: "God's bodykins, man, better. Use every man according to his desert and who should 'scape whipping? Use them after your own honour and dignity."

Our honour and dignity as doctors implies that we strive for better health in all the children of our district, country and world. We can start by seeing that families in need do take the help to which they are entitled; do your needy families know that their children are entitled to free school meals?

Emotional Factors

The 19th century knew that young women who were jilted went into a decline, that is, they developed tuberculosis and died. Mayer and Haggerty (1962) have shown that colonisation with streptococci and streptococcal illness follows emotional stresses. Young children in hospital probably recover quicker from their infections if they are cared for by their mothers. Yet recently a fever hospital doctor, asked to prevent mother-child separation by taking the mother in with a baby aged nine months, said, "But she isn't breast feeding, is she?" Breast feeding is the twelfth in the list of indications for admission of mothers with their children; supporting the mother-child relationship is much more important.

Conclusion

Prevention of infection yields its most obvious returns when applied in well-planned campaigns against infections such as yaws, malaria, diphtheria, poliomyelitis. Few of us are involved in WHO world wide campaigns, but in our present parochial lives we can encourage the de-worming of puppies at six weeks and follow Donald Court's advice to get whole families to have 10 days' penicillin therapy when there is a streptococcal illness. We shall encourage immunisation, making sure that children admitted to hospitals have, wherever possible, their immunisations brought up to date (with some reservations about pertussis vaccination). We shall be especially careful in looking after infants and about the children we take into hospital, remembering that mother care in hospital contributes to prevention of nosocomial infection.

We shall lift our eyes from the bacteriological reports, helpful though they are. We shall put correct labels on the causes of the illnesses for which children are brought to see us and for which they are admitted to hospital. If the cause is "social factors *plus* respiratory tract infection" we might try to do something, or to get someone else to do something, about poverty, maternal harassment, poor housing, so that the child grows with fewer scars and disabilities.

What is suggested is clearer thinking about causation (it will anyway be essential if we are to make good use of computers) and more interest in prevention. We may find we have to go into politics but if we really want to reduce the quantity of infective illness in children (and not merely enjoy treating it) this may have to happen. By doing so we shall make the politics of health our own business and if every child is to have a better chance of health and if the country (and the doctors) is to have a better health service, we *ought* to be involved. The washing of hands has more than one significance in varying contexts.

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PREVENTIVE MEDICINE, AND THE POPULATION RISE

by

Dr. John McEwan

When doctors practise their craft it is mainly in individual patients that the benefits are readily seen: the saving of a distressed foetus, antibiotics to cure infections, operations to relieve obstruction, and so on. Even preventive efforts are seen to leave their effect in a fairly local way. For instance, ante-natal care to prevent eclampsia, immunisation against diphtheria, affect only those in the world lucky enough to possess medical facilities of this kind. When one considers the global, or even national curves of population increase, one can see at once that control of the death rate—the main factor in causing population increase—has not necessarily got much to do with doctors. The curve started to rise in England in the late 18th and early 19th centuries, when medicine had little scientific knowledge or technology at its disposal. Political and economic factors were clearly more concerned in this process. In our own times, those who know Southwark well can see the general improvement in the public health caused by improved housing and economic conditions over the last 20 years.

Control of death is a worthy enough aim for doctors and politicians alike, but the dilemma of 1970 is that unless we can now effectively prevent the exponential population rise caused by this liberal ideal, we shall see he improvements in the public health and welfare inexorably collapsing before a tidal wave of extra human beings. Britain is the second most populous nation in the world and our need to solve this problem is urgent. We have 300,000 extra people to accommodate every year—a rising figure. 1970 may be looked back upon, in future times, as a golden age when a regularly working docker or printer could own a car and eat meat or fish every day.

So we must solve this problem for ourselves; likewise, the world must solve it too. Certainly it is no use expecting the countries of the "hungry two-thirds" to restrict their population rise when Britain does nothing about hers, implying by this that expansion is possible. Hopefully the day is past when political or religious conflict kills off such numbers that nobody needs to worry. Such disasters as are man-made at all are more likely to occur through the manipulation of economic balance—the hungry being made hungrier—but it ought to be obvious to all intelligent people in the satisfied world that this is a policy which can only bring destruction to all in the end.

We must recognise that the living standards most of us enjoy now are certain to decrease: that a remnant of civilisation may be snatched from the fire if we can start limiting our population now to as near zero-increase as we can make it. Then we may be able to persuade others to the same policy, if local conditions indicate it. At the same time we must allocate some of our surpluses now not only to alleviate the sufferings of the hungry world, but to assist in the most radical way possible the technical progress of those countries towards self-sufficiency and economic balance.

Has this got anything at all to do with doctors and public health workers? Certainly, it has. Firstly, they are in a prime position to observe the effects of socio-economic forces on people. By and large disease, en masse, is an expression of those forces. Being observers, they can inform. Secondly, effective birth control is a principal weapon in man's hand now to fight this battle. Our patients need our skilful help and advice in applying contraception to their own lives. They need our health educators to be ready with all the information and reassurances that we can gather together for the public benefit. We must be prepared to offer sterilisation to both men and women who wisely judge that they wish no further part in reproductive function; and unfortunately we must, for some, offer abortion where in human terms there is unlikely to be a successful reproductive event resulting from unwanted pregnancy. Thirdly, doctors and their colleagues must aid the spread of technological knowledge and skills through teaching and research, making sure that it is both relevant to the global problem and that the supply is able to reach those who are most in need.

These are medical actions and they are only part of the story. So far we have no evidence to show that medical measures alone can halt the population rise. It may well be that both educational and political action will have to be added. We, who are used to individual freedom to decide for ourselves, might have to give up such freedom at some future time, if we cannot solve the problem for ourselves on an equally individual and free basis.

OBITUARY

Patrick Wensley Clarkson, M.B.E., F.R.C.S.

Following a period of ill-health, Patrick Clarkson died on the 28th December, 1969. Born in Christchurch, New Zealand in 1911, he came to England following his early education to study at both Edinburgh and Guy's. As a student he had a brilliant career, obtaining many prizes such as the Treasurer's Medal in medicine and surgery and the Laidlaw prize. His extra-curricular activities were equally impressive for, apart from being Editor of "Guy's Hospital Gazette" for a time, he boxed with considerable success for both Edinburgh and London Universities and in 1933 became the United Hospitals heavyweight champion.

After qualifying in 1935, he held his junior appointments at Guy's and commenced his surgical training. The outbreak of war temporarily disrupted his life at Guy's but he served with distinction in the R.A.M.C. between 1940 and 1946. His military service took him to France before the Dunkirk evacuation, following which he served in both North Africa and Italy. After the war he was British Army liaison officer in Washington to the United States Army and United States Navy Plastic Units. On his return to England he was appointed Surgeon in charge of the Accident and Emergency Department at Guy's and subsequently Plastic Surgeon to the Accident Service and Surgeon in charge of the Burns Unit, appointments he continued to hold, in addition to his Consultant appointment at Queen Mary's Hospital, Roehampton, until he relinquished them as a result of ill health in January, 1969.

Patrick Clarkson's contributions to Guy's were many. Included amongst them were the development of the Casualty Department and the institution of hand clinics. Less well known to those of us at Guy's perhaps was the credit that he brought to the hospital as a Surgeon of international repute. He was widely known amongst plastic surgeons throughout the world and was a member, or associate, of no fewer than six international societies and associations.

In England he was a member of the British Association of Plastic Surgeons and a founder member of the Hand Club of Great Britain (now the British Society for Surgery of the Hand). Perhaps the association which pleased him most was the establishment of a section of plastic surgery within the Royal Society of Medicine last year. His election as the first President of the section was well deserved and pleased him greatly.

We at Guy's are conscious of our sad loss, which will be felt even more keenly by his family. To them we extend our sympathy.

A memorial service for Mr. Patrick Clarkson, M.B.E., F.R.C.S., will be held at 12.30 p.m. on Friday, 30th January, at St. Columba's Church, Pont Street, S.W.1.

NURSING SECTION

Children in Hospital

The wave of criticism of the Health Service has, somewhat predictably, now turned towards the care of children in hospital. Although, in their own inimitable way, the Press have managed to exaggerate yet again, beyond all reasonable limits, one cannot help feeling that the lot of the child in hospital leaves, in many cases, a great deal to be desired.

Let us look at the difficulties of caring for sick children within the confines of a general hospital, no matter where it is situated.

Those members of the nursing profession who decide to specialise in paediatrics are regarded by their colleagues with a good deal of scepticism. The general opinion of these people is that they cannot be anything but a little subnormal. In some cases these opinions are justified, but not in the majority.

There is a national deficit of nurses who are qualified to care for children. This means that in many wards there is not one nurse who has received special training. This situation is not tolerated in other specialised fields, why should it be in Paediatrics? Even when she has trained, the paediatric nurse receives an extra £10 a year for her troubles. This works out at 16s. 8d. a month!

In a general hospital, it is very difficult to persuade others, particularly the medical staff, that the care of children is in any way different. The old idea that they are mini-adults still persists. In many places they are still being cared for in adult wards. In many Children's Wards, unlimited visiting is not permitted and in others where it is allowed, things would be different if the Hospital Administrators at all grades, had their way. Only by the Paediatricians fighting has this been achieved.

Children who are admitted to general hospitals have to make contact with departments outside the Special Unit. In these, people are unused to handling youngsters and are very often frightened of them. These periods in a child's stay can therefore be very traumatic.

Student nurses finding themselves in the Children's Wards are naturally very apprehensive. It is, therefore, the task of the Ward Sister to provide adequate help and guidance. The only way in which she can ensure adequate care being given, is to remain on duty long after her allotted span. In many hospitals she then has to endure derisory remarks from her Superiors about working when she shouldn't, despite the fact that there is no nurse qualified to act as relief for her.

It is therefore, surely time that a close look was taken at the child care in hospital. No one is more aware of the deficiencies than those currently engaged in this field of work and they are the people who feel that many reforms are required.

NOTICES

Art Society

Exhibits for the Exhibition of Art and Craft, beginning on 27th January, will be accepted now.

Rosemary Ede, Hon. Secretary

Dental Clinical Meeting

The Annual Dental Clinical Meeting will be held in the Dental Department on Saturday, 7th March, 1970, and the Dental Society Dinner will be held in the evening. A resumé of the programme will be published in the "Gazette" on the 14th February, 1970.

R. D. Emslie, Dean of Dental Studies

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CORRESPONDENCE

Keats

SIR,—May I congratulate you on your enterprise in obtaining Lord Evans' inaugural Keats Lecture for publication? It is most appropriate that it should appear in the *Gazette*. The lecture was delivered on February 25th, 1969, at the Royal College of Surgeons, with Sir Hedley Atkins in the chair, and a dinner was subsequently held at the Apothecaries' Hall.

It may be of interest to your readers that the Society of Apothecaries has established a Diploma in the History of Medicine, and that by unanimous agreement the Court has elected Lord Evans the first Honorary Diplomate.

Yours, etc.,

PETER BISHOP,

Master.

The Worshipful Society of Apothecaries of London,
Black Friars Lane, E.C.4.

Springboks go home—or should they ?

SIR,—*Having signally failed to impose our will on* Rhodesia, Mr. D. D. Stalford must either be singularly impractical or have delusions of grandeur if he feels "we have it in our power to force the rulers of South Africa to concede" etc., not the least because of the latter's economic strength but also because it could withhold the use of the only naval base we can use in that part of the world.

Having dangerously reduced our armed forces so that those at home can still have their domestic goodies, bedevilled with breaking of contracts in the form of unofficial strikes, beset with domestic violence, and brainwashed into a virtually complete loss of any sense of national identity, an impartial observer might well think we have neither the physical power or moral influence to affect any other nations course of conduct and that dealing with the mote in our own eye might seem a more sensible course to pursue.

Yours truly,

ROBERT CUTLER

8 Lower Sloane Street,
S.W.1.

Wilks Ward

SIR,—On behalf of the nine patients who remained in Hospital during the Christmas holiday, we would like to express our deep appreciation of the whole-hearted efforts of the sister and nurses, to make our Christmas the most enjoyable we have ever had to spend away from home. This was, indeed, a time to remember, and to all those nurses who gave up their "Off Duty" time to help, from the morning carols, to right through the day, we say thank you, girls, and God Bless.

Yours faithfully,

H. J. FAGG,
A. D. WYNNE.

Wilks Ward,
Hunts House,
Guy's Hospital, S.E.1.

Suggestions Wanted

SIR,—It is sad to read of Guy's greatest edifice rising nameless to the sky—or at best only temporarily named "Tower Block", and on reading your article in Passim of 6.12.69, I immediately wondered what the "locals" had named the new "Guyscraper". The natural ability of the cockney for naming things must surely have produced some interesting ideas, and these should be worth considering. Perhaps the residents could organise a tour of the local pubs. with a view to compiling a list of suggestions! I would be glad to put something in the kitty to help such a project, and only regret that the influenza epidemic (there's an epidemic here in spite of Ministry of Health statements!) prevents me from joining in.

Yours sincerely,

GEOFFREY HAYES.

Sussex Lodge,
Taunton.

"Bermondsey House"

SIR,—We would like to suggest to J. Gaymer Jones that the Tower Block be known as Bermondsey House—thus perpetuating the name of a Borough now incorporated with Southwark.

May we also suggest that the Paediatric Unit be known as the Evelina Wing, and the wards named as at present, including Caleb and Diplock.

Yours faithfully,

J. WALKER,
Assistant Matron in Charge.

E. ANN WILLIAMSON,
Nurse Tutor.

Evelina Children's Hospital of Guy's Hospital,
Southwark Bridge Road,
London, S.E.1.

"Thomas Tower"

SIR,—May I suggest "Thomas Tower" instead of "Tower Block".

Yours sincerely,

LUCY B. YOUNG (Miss)

86a Lee Road,
Blackheath, London, S.E.3.

SPORTS COMMENT

LIFE AT H.O.P.

To all Guy's sportsmen, the H.O.P. Pavilion is viewed with mixed feelings of endearment and loathing. One must admit the Club-house does, even with its faults, retain a certain magic of its own. However, even with its recent rejuvenation, it remains unable to fulfil its function. The changing facilities are very cramped, the baths and showers totally inadequate for the number now using them. This results in one enormous after-match battle, as the returning players pit their wits against the milling throngs in an attempt to get clean and dry.

Once clean, the sportsmen descend to the ground floor. Here the conditions have much improved since the hatch area of the bar was increased. The queues of thirsty imbibers struggling to get served, no longer exist. However, because of a shortage of sitting and standing space, it is still difficult to have a quiet beer, without half of it being knocked to the floor by people trying to move about.

Besides these structural defects, Guy's Pavilion also causes a great deal of embarrassment, and shame. Many clubs produce a hot meal of pie and beans, which are so welcome on a cold winter's day. However, at H.O.P., there are no facilities for any of the clubs willing to do their own catering. Surely such facilities as a cooker and sink would not be too difficult to find.

For all this, the Pavilion still remains a most friendly place, with considerable character of its own. Unfortunately it is just unable to fulfil its function.

THE RUGBY CLUB 1970 PROSPECTS

The first XV entered 1970 with a fine record of 7 wins, 7 losts, 2 draws. The second half of the season will begin with three hard matches with the West Country Clubs: Plymouth, Taunton and Davenport Services. These clubs play hard rugby with their heavy packs, which should provide good training for the forthcoming Hospital Cup matches.

Guy's being runners-up last year in the Cup matches, obtain a bye to the second round; as a result, the opponent in this round is unknown. This year there is no favourite for the Cup, and although several of the Hospital sides have a better result form than Guy's, they have much weaker fixtures.

During the last few games, Guy's pack has found very good form. However, the backs still haven't the knock-out punch. J. Novak, the Harlequins' wing and reserve for England in the Springboks match, is joining the side for the Cup, it is hoped he will provide some more sparkle.

With eight first team players probably leaving Guy's next season, a great burden falls on the second team players to fill the gap. This and the fact they are holders of the Junior Cup means there is great demand for effort and training.

D. Elliot.

ASSOCIATION FOOTBALL

PROSPECTS FOR 1970

"Now we can concentrate on the League"—this time-honoured phrase so often used by Football League managers when their side has been knocked out of the F.A. Cup, really sums up what is left for Guy's football for the remainder of this season. Guy's disastrous early exit from the Hospitals Cup at the hands of U.C.H. in December has left a void which cannot easily be filled. It can be argued that winning the U.H. League requires more consistency than the U.H. Cup, but it is a fact that the former does not possess the glamour and prestige involved in winning the Hospitals Cup. At the present time, Guy's are very handily placed in the U.H. League, having dropped only 4 points in 9 games, and certainly the championship is well within Guy's scope. Whether or not the League title does return to London Bridge after three seasons, only time will tell, but if it does it will be surely due to the Guy's team becoming more consistent than of late. Fine performances such as the games against Sussex, Brighton and St. George's, have been intermingled with some shockers, e.g., the U.C.H. Cup game and Bart's. If this inconsistency can be ironed out, I would feel very hopeful of Guy's chances of taking the League title.

As a very pleasant change from the rigours of the League programme, Guy's will be off on tour to Maastricht, Holland, from 29th January to 4th February. Guy's last went to Holland in 1968, when "a good time was had by all", and certainly hopes are high that this year's trip will be equally as enjoyable.

So, despite being eliminated from the Cup, Guy's still have a lot to play for. Let's hope that the second half of the 1969/70 season will be an enjoyable and successful one. R.L.

WATER POLO

U.H. LEAGUE

1st TEAM v. ST. GEORGE'S

This was the return match of the one which had caused such a furore after the game concerning the score, which was recorded as 6—6 although Guy's had in fact won by 6—5. Because of this error we were deprived of a valuable point, and the team entered the water for the second game angry and determined to prove which was the better team. From the outset the team played one of their best games of the term, and at the end of the third quarter were 6—3 up. George's attacked persistently in the final quarter, but succeeded only in getting two penalties, the second on the stroke of time; and the final result of a win to Guy's 6—5 was more than a little flattering to the opposition.

1st TEAM v. ST. MARY'S

The team entered the water needing only to draw this game to win the league for the first time in four years, and having already beaten Mary's by 3—1 earlier in the term. From the outset the attitude was possibly a little over-confident, but at half-time we were comfortably 3—1 up. Poor play in the third quarter, highlighted by a bad goal-keeping error and a missed penalty, was the turning point of the game, and we started the final quarter at 3—3. In the final quarter Mary's took the bit between their teeth and played some fine polo to win 6—3. This defeat meant that Guy's and Mary's finished equal in the U.H. league, and we now have to play George's for the disputed point, and then play off with Mary's for the trophy.

Team: G. Northcott, R. Jones, S. Challacombe, C. Bevis, K. Howard.

UNITED HOSPITALS LEAGUE

The hoped-for first division championship is still just eluding the first team.

After beating both Mary's and George's, Guy's were certain to win it. George's could beat Mary's. The latter game proved to be a sensational one in which George's were reduced to four men early in the game because of an injury, yet still managed to force a draw by negative play. This only served to complicate the league situation and the only really clear thing was that Guy's needed at least a draw in the second Mary's game.

But some of the keenness seemed to have gone in that match. Although Guy's were 3—2 up and taking a penalty in the third quarter, the lead seemed a bit shaky and when the penalty was missed Mary's not only equalised but also scored again early in the final quarter. In desperately trying to retaliate Guy's went down eventually 3—6.

So one chance has been allowed to slip but the league will be won by either beating George's in the replay of the game which had a disputed score, or by beating Mary's in a play-off.

IN SUMMARY

This has been a successful term for the water-polo club. The last game of the term ended a run of fifteen consecutive victories, including winning the U.L. knock-out for the first time. The team played some good games and worked well as a unit with the players understanding and anticipating each others' play. The responsibility of scoring lies with Jones. Challacombe played a more mobile game as well as speeding up his reverse shots. Bevis continued to improve as an almost impassable stopper back, but could counter-attack more often, bringing his strong shots, which have brought him some good goals, into use more often.

The best points of the team's play were probably the marking, and increased speed and accuracy of passing in midfield; but the shooting remains sometimes slow and too often erratic.

Although we were little troubled by availability problems we had good reserve strength in Howett, Adkins and Davidson, and they were unfortunate not to have more first team polo.

In the second and third teams the term was not so happy. The second team of Wright, Davidson, Howell, Adkins, Lovell and Aspin was stronger than all but Mary's in their division; but they suffered more than usually from cancelled matches. A frustrating term was highlighted by a valiant attempt by the 2nd and 3rd combined team to withstand U.C.I. in the U.L. knockout. However, all these players will qualify in the next year or two, and it is to the third team that we must look for replacements for the 1st team, which will soon be needed. They, too, had more than their share of cancelled matches, but conspicuous in their few matches were Catterrill, who played well in mid-field, and Bowring, who made some fine saves in goal. Sands, Monson and Rowlands made up the team.

Hopefully they will not be too discouraged by the infrequency of matches, this should improve this term. It is also an ideal time for others to take up the game, in the knowledge of the vacant first team places which will need to be filled at the end of the year.

BOAT CLUB

INTER-HOSPITALS CUP v. ST. BARTHOLOMEW'S HOSPITAL

This was the last event of the winter term held on Wednesday, 3rd December. The course was from the petrol pumps to the "Ship" under Chiswick Bridge. The first crew was composed mainly of those who had rowed in the open event in the U.L. regatta the week before, save that Paul Robinson was unavailable, and with some re-arrangement, Granville Langley-Smith came in at bow. It was felt that bow side might be pulled around somewhat, but this was not to be so.

The first crew have not won this race for the May and Baker Trophy since it was resurrected some four years ago, and so were raring to win on this occasion. With the crews having drifted down to off the Boathouse and tremendous cheers coming from the two groups of supporters, the crew must have been a bit nervous. At the start, this dissolved, for they went away very smoothly and with great control. They were not put off by the slight, early Bart's lead, and began to power through inexorably. Bart's became flustered and ragged, unaccustomed to being behind Guy's. Guy's were soon two lengths up and were staying in firm control. Off Quintin boathouse, however, they lost the best of the stream; Bart's gained second wind, and started to climb back up. Guy's experience showed through, and with an imperceptible change, the power came through again so that Guy's finished one-and-a-half lengths up.

The second crew was the same as had won the Junior eights at U.H.. Naturally enough, they felt confident of victory in the race for the World Medicine Shield. Indeed, they soon went into an early lead, even though they looked a little ragged. Unfortunately, they decided to sit on the opposition when a length up. This was fine except that Bart's were rapidly remembering how to row, and were soon moving up again. Guy's went a little more frenetic and regained some power and so distance, but did not click into the beautiful rhythm we have come to expect from them. They finished three-quarters of a length up in a state of exhaustion, more nervous than muscular. For the first time, Guy's had won both races together.

Crews: 1st Bow. G. Langley-Smith; C. Collis, 2; A. Batch, 3; A. Fenn, 4; G. Taylor, 6; J. Miller, 6; P. Gooder, 7; P. Moulder, stroke; R. Moorhouse, cox.

2nd Bow, G. Moulding; M. Denyer, 2; K. Thompson, 3; M. Hunter, 4; J. Davies, 5; G. Jackson, 6; R. Hay, 7; N. Bax, stroke; F. Moorhouse, cox.

The Gurney sculling races were held the same afternoon. In the Senior, Chris Collins proved clearly superior to all the opposition, although Mike Hunter made a fine showing. The Junior was won by Nigel Bax in a close decision from the promising newcomer, Geoff Moulding.

PETER HUNT.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited to fill two established vacancies as Senior Registrars n Psychological Medicine to the Board of Governors of the Guy's Group of Hospitals and the South-East Metropolitan Regional Hospital Board. The appointments will be for four years from 1st May, 1970, with duties rotating between the Guy's Group and the Bexley Group. Applicants should have an active interest and experience in teaching and research; and preferably have a higher qualification. The posts, which will be reviewed annually, ars subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales). Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1 not later than **30th January, 1970.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered dental practitioners for the appointment of **Lecturer** (full-time) in the Dental Department for Children with duties commencing as soon as possible. Salary within the range of £1,885 to £3,020, with superannuation. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, S.E.1, not later than **Tuesday, 3rd February, 1970.**

Applications are invited from registered dental practitioners for the appointment of **Lecturer** (full-time) in the Department of Conservative Dental Surgery with duties commencing as soon as possible. Salary within the range of £1,885 to £3.020, with Superannuation. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, S.E.1., not later than **Tuesday, 3rd February, 1970.**

PERSONAL

Dr. Alan Coulson has been awarded the University of London Laura di Saliceto Studentship for lymphocyte research in the Department of Pathology.

WILMSHURST—Miss Wilmshurst at the Dunoran Home has been awarded the M.B.E in the New Year's Honours List.

MACMANUS—Miss E. P. MacManus thanks the many Guy's friends, past and present, who have remembered her this Christmas. She wishes them every blessing and all that is good in 1970.

GROUP practice in Basildon requires full-time hygienist. Cavitron available and chairside assistant if required. Flat could be obtained. Write or phone. Coker and Spurgeon, 88, Town Square, Basildon, Essex. Basildon, 20345.

HOLIDAYS—ABROAD—Casa Lisa. Costa Blanca. Fornight's sunshine for 2/4 people. Variety of beaches. Mountain scenery. Local wines. Jet flight inclusive £41 0s. 0d. Tel: 01-692 6624.

CHANGES OF ADDRESS

Dr. and Mrs. Keith Tyrer, "Chestnuts", 219a St. Faiths Road, Old Catton, Norwich, NOR 69N.

Dr. and Mrs. Hugh Sturzaker, 19, Guildford Park Avenue, Guildford, Surrey. Tel: Guildford 76689.

BIRTHS

CONYBEARE—On 15th December, 1969 to Virginia and Martin Conybeare, a daughter, Lucia Jane, a sister for Catherine.

RICHARDS—On 20th December, 1969 at Westminster Hospital, S.W.1. to Elaine (née Boulter) and Dr. Tony Richards, a son (Jonathan Anthony).

DEATHS

JONES—Recently, O. M. H. Jones, L.D.S., aged 62 years, of Penfold Cottage, Steyning, Sussex.

KENSHOLE—On 27th December, 1969, at Guy's, Harvey Harding Kenshole, D.S.O., T.D., I.P., F.D.S., M.R.C.S., L.R.C.P. aged 63.

TICEHURST—On 5th December, 1969, in a nursing home, Norman Frederic Ticehurst, O.B.E., M.A., M.B., B.Ch., F.R.C.S. aged 96.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS R. S. TROMPETER and S. M. KILPATRICK
SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2127

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The Wolfson Foundation

The Wolfson Foundation has generously promised the sum of £250,000 towards the cost of new Student Accommodation at Guy's. This will provide a substantial part of the sum required for the project, which will transform Guy's from "Cinderella" status to that comparable to other London Teaching Hospitals.

It is proposed that a block of about 200 study bedrooms will be erected. The building will be linked to the Greenwood Auditorium already planned, and the complex will stand to the East of New Guy's House, on a site at present occupied by a warehouse.

It is intended that the Foundation's name will be associated with the new building.

Thomas Guy's Grove in Israel

On 15th January, at the Churchill Forest near Nazareth, a grove of trees was dedicated to the memory of Thomas Guy, and a memorial plaque was unveiled. The inspiration for this came from Dr. Henry Windsley, who made arrangements for the trees to be planted when he visited Israel in 1968.

Among those present at the ceremony were Peter Gregory-Hood (representing the British Ambassador), Dr. Arnold Rosin, who has recently left Guy's, Alexander Russell (Professor of Paediatrics at Jerusalem), and Dr. Jack Medalie (Professor of Family Medicine at Tel-Aviv).

The Rugby Club

A new tie has been designed by Dr. Ian Baker for the Rugby Club, which up to now has only had a "Colours" tie. It has now been decided that the oldest Rugby Club in the World should have a tie of its own, available to anyone of any vintage who has played for any Guy's team.

The tie is available from Matthew Arnold Ltd., of 35, Borough High Street, for 24s. 6d. It is of attractive blue terylene, and depicts Thomas Guy benevolently surmounting the letters "GHRFC". Undoutedly this is meant to indicate that he would have been an ardent supporter of his team had he not had the misfortune to die a century before the game was invented.

The first Hospitals Cup game takes place on 10th February, against St. Thomas's Hospital, and support will be welcomed.

The game will be at the Westminster Hospital Ground, Cobham.

Transplant Lectures

A course of lectures on Transplantation are being given by the Department of Surgery on Friday afternoons. These will be advertised in "Guy's Diary".

GUY'S DIARY

FEBRUARY

2	M	1.00	Clinical Lecture. Dr. DEUCHAR.
5	Th	1.00	Clinical Lecture. Professor HUNT. "A Physiologist's View of Aspirin."
6	F	2.15	Combined Round in Pre-Clinical Classroom. Speaker: Dr. HOUSTON. Chairman: Prof. TROUNCE.
9	M	1.00	Clinical Lecture. Professor GORRILL. "Rubella and Measles."
10	Tu	1.00	Clinical Lecture. Dr. CAMERON. "Clinical Management of Shock."
13	F	1.00	Clinical Lecture. Dr. LESSOF. "Growth Hormone and Acromegaly."
		2.15	Combined Round in Pre-Clinical Classroom. Speaker: Lord BROCK. Chairman: Dr. HOUSTON.
13	F	4.00	Transplant Lecture. Clinical Theatre. Mr. M. BEWICK. "Selection of recipients."

Report of the Royal College of Physicians on

THE MEDICAL ASPECTS OF BOXING

THE RELEVANCE OF THE REPORT TO THE SPORT TODAY

by W. M. Sheeran

In November 1969, the Royal College of Physicians published its findings on traumatic damage to the brain caused by boxing.

The investigation which had been instigated by the late Lord Brain after a debate in the House of Lords in 1962 on "Hazards to Health caused by Boxing," was confined to professional boxers registered with the British Boxing Board of Control between 1929 and 1955.

Records were made available by both the B.B.B. of C. and the Amateur Boxing Association, but it was found that only those of the professional body were adequate for the study. Information and reports from the medical advisers of professional, amateur and Services boxing were received as well as evidence from various associations connected with neurological, ophthalmological, medico-psychological and thoracic studies.

The clinical investigation was carried out at the National Hospital, Queens Square, by Dr. A. H. Roberts. The electroencephalogical study was undertaken by Dr. W. A. Cobb, director of Electrophysiology at the National Hospital. After reviewing in detail the reports it had received, the Commitee decided that fatalities and severe acute injury to the brain were uncommon, but that investigation would be carried out on damage caused by chronic injury to the brain and eyes of the boxing population.

The Committee stated that the first medical account of the "Punchdrunk" syndrome was published in 1928 (Ref: Martland, H. S. (1929), *J. Amer. Med. Ass.*, 91, 1103). In 1962, Dr. J. D. Spillane published a report giving evidence of pathological changes in brain cells that were almost certainly due to trauma in boxing—"In four of these, three of whom had clinical evidence of chronic brain disorder, defects were demonstrated by air-encephalography in the septum pellucidium. . . . Damage to this structure is rarely found when this X-ray investigation is used to study other types of neurological diseases in adults" (Ref. Spillane, J. D. (1962), *Brit. Med. J.* 2, 1205).

Evidence was received from Dr. C. Mawdsley, who had made a study of thirty-two retired boxers, all but one of whom had had more than one hundred contests. The clinical picture he found was one of—"Slurred speech, slowness and clumsiness of movement, unsteadiness of gait and tremors were the commonest features". Air-encephalography demonstrated that the septum pellucidium was defective in twenty-three out of twenty-eight boxers on whom it was performed.

The Committee investigated a random sample of 224 boxers licensed with the B.B.B. of C. between 1929 and 1955. These men were physically examined by a neurologist, interviewed and given psychological tests. Electroencephalography examinations as well as blood tests were performed on a smaller number. The majority of those examined had fought prior to World War II, when the number of licensed boxers was at its greatest.

The most seriously affected men were almost unintelligible in speech and slow in thought. Their limbs were stiff, their walk was a slow shuffle and their hands had a tremor. "These signs suggested that those parts of the brain had been damaged which are particularly involved in the control of balance and the co-ordination of posture and movement, the cerebellar and extra-pyramidal systems. . . ."

Damage to the eyes was demonstrated in a few cases in that there was retinal detachment in just under 1 per cent and double vision due to muscle damage in just over 2 per cent of those examined. There was no evidence to suggest that boxing had contributed to any other systemic disease found, or that the frequency of epilepsy was any greater than that found elsewhere.

The report states that one in six of the boxers examined showed evidence of brain damage but only one-third of them would be described as "punchdrunk" by the layman. The Committee found that prevalence of brain damage increased with increased exposure to boxing.

To complete the report, the Committee recognised the fact that since 1955 the control of boxing, both administratively and medically, had improved and that it was not possible to draw conclusions about the risk of brain damage in professional boxing today.

I have had to precis the report here and in doing so, I hope that emphasis has not been stressed in the wrong places and that nothing of importance has been omitted. A short time has elapsed since publication and I feel that a more reasoned assessment can be put on the document after the newspapers and television have had their say.

The first thing that comes to mind is that the report is irrelevant to present-day boxing and has disclosed only one fact that may not have been known before. The damage to the septum pellucidium does appear to be an important contributor to cases of this nature, but because of the bad terms of reference, it was not shown that this damage did not appear in other sports where the head was buffeted. In examining men who had boxed between 1929 and 1955, one must also take into account the social system which caused unemployment and malnutrition. Young men who could not get work between the wars took up boxing in order to earn a living. The food available to the poorer section of the community was not always adequate for the super fitness required in such an athletic pastime. Man had to box more than once a week to keep from going on the dole and their families on the breadline. When these conditions are taken into account, the criticism of boxing as a hazardous sport today become less obvious.

Officers of the Metropolitan Police were used as control subjects. But surely men working in the conditions of the present Welfare State cannot be compared with those of the thirties.

An example of this in another field altogether can be given. A medical report over the same number of years on retired coalminers would surely bring out a more damaging criticism of the practices of the time when there were more occupational hazards than in this case, but could one use today's Police force as a control for these purposes? I therefore attack the report in that it did not have a relevant control.

Two well-known Sunday newspapers, one of which prides itself on being "liberal and progressive", printed summaries of the report even before it was published and fell into the usual trap of misinforming the public. Some ridiculous quotes were given of alcoholism, suicides and marital disruptions. Not one of these inaccuracies was recanted after the report came out. In consequence, people were given the wrong idea and even the President of the Cambridge University Boxing Club came out with a libellous letter regarding profesisonal boxing to two daily newspapers.

In professional boxing today, there are in the region of 400 licensed athletes. There is only one who has boxed at least one hundred times, and he is at the end of his career. When one learns that to box two hundred times during the pre-war years and shortly afterwards was not unusual, one realises that today's boxers are not over-exposed to the hazards and therefore it is very doubtful if traumatic encephalopathy will exist in the coming years. Henry Cooper, for example, has so far taken part in 52 contests.

Since 1950, the B.B.B. of C. has investigated the medical aspects of boxing with a thoroughness unequalled by other sporting bodies. Apart from a permanent Medical Committee, each Area Council has a Medical Officer appointed to sit at each meeting. A boxer who has lost four contests in succession is automatically investigated and his licence may be suspended or withdrawn. Every boxer is medically examined before being licensed and examined annually when his licence becomes due for renewal. Boxers taking part in tournaments are examined before and after they compete and if stopped for any reason within the distance, are suspended automatically for at least 21 days when a further medical clearance is required. No person may be licensed to box under the age of 18 years and medical reports are submitted by the Amateur Body for consideration when the boy turns professional.

There are conditions which govern the bandaging of hands and the weight of gloves used. Every boxing ring must have a safety mat underneath the canvas and this is supplied by the B.B.B. of C.

No boxer is allowed to box within four clear days of his last contest and if it be a chief contest, within eight clear days of his last contest.

The hazards in boxing today are no more dangerous than those in any other aggressive contact sport. There are no punchdrunk fighters from recent years and the only cauliflower ears are those that can be seen on the rugger field.

The only substantial criticism of boxing that can be made is on moral grounds. It is the only sport where the intention is to make the opponent submit by physical aggression. My answer to this is that man is an aggressive animal and this is one of the instincts necessary for survival. To control it under conditions which are fair to all parties is beneficial to society. To watch action by others helps to work out one's own aggressiveness, and in the case of team games, to support and cheer is only beneficial when the team wins. If, however, that team loses, the emotions of the less self-controlled of our community are not satisfied, as they take it as a personal reflection on their own prowess. They will then give vent to their feelings aggressively, either by fighting or destruction of property.

In the case of boxing, one notices that this is an exception rather than the rule. To understand this, one must use the term "Noble Art". A superbly fit athlete is in competition with another of equal standing, boxing to rules which are fair to both sides. If one loses, he cannot be blamed for not trying because of the nature of the sport. The supporter respects him because he has done his best but has been beaten. This does not harm the ego and can give a feeling of pride rather than dejection. It is interesting to note that the Boxing Club at Guy's Hospital is the oldest amateur boxing club in the world. It is also interesting to note that it is having one of its most successful seasons since the early 1950s.

NOTICES

The Residents' Play 1970

KAIR

by

Colin Hunter-Craig and Graham Pay.

The Residents' Play will be performed in the Physiology Lecture Theatre at 8 p.m. each evening from Monday, 9th February, to Friday, 13th February, 1970.

Applications for tickets, preferably accompanied by donations, should be sent to The President of The Residents, The East Wing, Guy's Hospital.

Guy's Hospital Biennial Dinner

This year's Biennial Dinner will be held at the Connaught Rooms on Friday, 2nd October, 1970. Further details will be announced later and it would be appreciated if all old Guy's men and women, medical and dental, will make a note of this date.

F. N. Glover, Hon. Secretary.

Thirty Club Dinner

The Annual Dinner of the Thirty Club will be held at the Royal Air Force Club on Friday, 15th May, 1970. Mr. D. J. P. O'Meara in the Chair. Detailed notices will be sent to members in the near future.

British Postgraduate Medical Federation

Under the auspices of the British Postgraduate Medical Federation, a week-end course in paediatrics for General Practitioners and Local Authority Medical Officers, entitled "Diagnostic Methods in Paediatric General Treatment," is due to take place at the Evelina Hospital on Saturday, 28th February, and Sunday morning, 1st March.

Applications for a place on the course should be made to the Hospital Secretary, Evelina Children's Hospital of Guy's Hospital, Southwark Bridge Road, London, S.E.1 as soon as possible.

Guy's Hospital Dental School

Newland-Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to undertake a year's postgraduate dental study at an institution abroad approved by the Dental Council. The value of the Scholarship will be up to £1,000 and the actual amount of the award will depend upon whether the holder of the Scholarship proposes to spend a year at an institute in Europe or Scandinavia or whether the year will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

This Scholarship will be offered for award in 1970. In order that applications may be considered by the Dental Council in sufficient time to enable the successful candidate to make arrangements for travel, etc., it is necessary for all applications to be received by the Dean of Dental Studies by 21st February, 1970.

The Dean of Dental Studies will be pleased to discuss the matter with anyone who is interested.

Pupils' Physical Society

Dr. D. R. Gander

"TRENDS IN PSYCHIATRY"

Thursday, 12th February, 5.30 p.m., Clinical Theatre

DEFINITIONS RELATING TO DEVELOPMENTAL PAEDIATRICS

by

Mary D. Sheridan, O.B.E., M.A., M.D., D.CH.

The past decade has witnessed what amounts to a revolution in professional attitudes regarding the importance of social paediatrics. It is now generally recognised that the study of normal children and the identification, assessment, care and management of handicapped children in the community is no less important than the medical and surgical diagnosis and treatment of sick children in hospital wards and out-patient departments. Community paediatrics also demands an adequate supply of suitably experienced and dedicated public health medical officers and family doctors.

Developmental Testing Scales

For many decades child psychologists have been devising developmental testing scales mainly of the pass/fail type which, when correctly applied and interpreted, provide a numerical "quotient" usually relating to intelligence or social competence. These can be usefully employed for recording a child's present level of attainment in relation to established "norms" of performance in highly structured situations of children of similar chronological age. Such scales have been particularly valuable in selecting young school children who need special educational treatment. More recently the behavioural scientists have realized the desirability of prolonged observations of animal behaviour in natural settings. In this way, scientific observers have re-discovered the inborn individuality of individuals and their sometimes widely differing reactions in natural and in standardized situations.

Although we have considerable information regarding the *average* in growth, performance and behaviour, which is often (in my opinion mistakenly) regarded as the *normal*, we know little concerning the *span of normality*, and even less of the subtle transitions, progressions and regressions within this wide range of normality. Gradual realization of this truth and the inability of existing developmental scales to provide me with the information I needed regarding the visual and auditory competence of babies and young children and of the unfolding of their personality and ability to make social adjustments, prompted me to evolve my own series of paediatric developmental testing procedures. These testing procedures, although sequentially graded according to average performance at specified chronological ages from 0—5 years are not designed or intended to produce a numerical "quotient" of any sort (Sheridan, 1968).

Basic Needs

All children, normal and abnormal, progressing from the helplessness of infancy to the independence of maturity, have certain *physical* needs, without which life itself cannot continue, and certain *psychological* needs, without which the individual cannot attain contentment, self-reliance and good relationships with other people.

Basic Physical Needs There can be little disagreement about children's essential physical needs. These are shelter and protective care, food, warmth and clothing, fresh air and sunlight, activity and rest, prevention of illness and injury and training in habits and skills necessary for the maintenance of life.

Basic Psychological Needs, however, differ according to one's personal and professional outlook. My own list includes needs relating both to intellectual and emotional development, because these are so closely interwoven that it is difficult to provide for them adequately except in combination.

1 Affection and continuity of individual care.

2 Security rooted in a knowledge of belonging, in stable personal relationships, and in familiar environmental conditions.

3 A sense of personal identity, dignity as a human being, and self-respect derived from knowledge of being valued as an individual.

4 Opportunity to learn from experience.

5 Opportunity to achieve success in some field of endeavour, however small.

6 Opportunity to achieve independence.

7 Opportunity to take responsibility, however slight, and to be of service to others.

Developmental Paediatrics

This branch of paediatrics includes many clinical as well as social factors, and is concerned with maturational processes (from foetal viability to full growth), in structure and function, of *normal* and *abnormal* children, for three purposes; *first* to promote optimal physical and mental health for all children; *second* to ensure early diagnosis and effective treatment of handicapping conditions of body, mind and personality; *third* to discover the cause and means of preventing such handicapping conditions.

Growth and Development are not identical.

Growth is increase in size. Its progressions are mainly structural and can be measured with some degree of reliability in terms of height, weight, bone age, etc.

Development is increase in complexity. It involves both structure and function. Its numerous simultaneous progressions are closely related but manifest many individual variations.

Normally growth and development of body, intellect and personality progress harmoniously and with relative predictability *Abnormally,* they are dissociated, producing widespread inconsistencies of and between somatic, cognitive and effective progressions, with unpredictable final results.

The Parallels of Development

The four outstanding biological achievements of homo sapiens which mark his superiority over all other animals, are: *first* his upright posture, which facilitates locomotion and enables him to assume, adapt and maintain an enormous variety of effective attitudes while leaving his hands free for more precise activities; *second* his uniquely flexible digits and ability to construct and use hand tools; *third* his possession of spoken language; *fourth* his evolution of complex cultural societies for the benefit of the groups and individuals who comprise them, and for protection of the young during their relatively prolonged period of dependency.

It is interesting to note that, broadly speaking, these four characteristic human achievements provide the most useful parameters with which to measure the child's developmental progress from infancy to full growth.

The Four Parallels of Development

1 *Motor,* involving body postures and large movements, which combine high physical competence with economy of effort.

2 *Vision and fine movements* involving visual competence in seeing and looking (far and near), and manipulative skills.

3 *Hearing and Speech,* involving auditory competence in hearing and listening, and in the use of speech and language codes.

4 *Social behaviour and spontaneous play,* involving competence in organization of the self, i.e. self-identity, self-care and progressively effectual self-occupation; together with increasing voluntary accepttance of satisfactory *social* standards with regard to personal relationships and cultural demands.

Heredity and Environment

In common with other living creatures, a man is subject from the moment of conception to the compelling influences of heredity and environment. *Heredity* determines the limits of each individual child's capacity to achieve optimal structural and functional maturity. *Environment* determines the extent to which each individual child can fulfil his potential capacity.

It is in the nature of the developing body to be continually active, of the developing mind to be intensely curious and of the developing personality to be eager to establish good relationships with other people. There is no such thing as "laziness" in young children. Any inactive, incurious or unforthcoming child is in need of full physical and mental assessment and careful follow-up to ensure that he is not sick or suffering from environmental deprivation or defending himself against some intolerable stress

Handicapped and Disadvantaged Children

In one sense, all handicapped children, however well provided otherwise, are disadvantaged and deprived in some way, and all disadvantaged and deprived children are handicapped socially if not physically and intellectually. In order to prevent confusion, however, it is desirable to define terms of reference more precisely. Broadly speaking the disabilities of a *handicapped* child are the result of some pathological condition within himself (endogenous), while the disabilities of *disadvantaged* and deprived children are the result of unfavourable conditions within the environment (exogenous).

In my own terminology, therefore, the following definitions are used:

A Handicapped Child is one who suffers from any continuing disability of body, intellect or personality which is likely to interfere with his normal growth and development or capacity to learn Sheridan, 1962).

A Disadvantaged Child is one who suffers from a continuing inadequacy of material, affectional, educational or social provisions, or who is subject to detrimental environmental stresses which are likely to interfere with the growth and development of his body, intellect or personality, and thus prevent him from achieving his inherent potential.

A Deprived Child is one who, for any reason, is deprived of a normal home life and who in consequence needs the temporary or permanent care or protection of a recognized child-care agency. (This is the official definition.)

The rest of this paper is mainly concerned with handicapped children and their needs. In this country, handicapped children have the same right as all other children in the community—to be cared for, medically treated and educated in accordance with their age, aptitude and ability. If they are to receive the full benefits of citizenship, however, the community must ensure them a number of additional provisions.

Community Provisions for Handicapped Children

These include early identification, full assessment of disabilities and assets, prompt medical and surgical treatment, help and guidance for the parents to enable them to care for their handicapped child as long as possible in his own home, appropriate training, education and vocational guidance, supervision and regular assessment throughout childhood and adolescence, and final placement in the community or in special care.

The need for most of these special provisions will be obvious, but a few points deserve further discussion.

Early identification. I prefer to use the word identification in this context because it implies the deliberate seeking out, not only of handicapped children, but of children at risk, whereas the word diagnosis carries too narrow a connotation implying that the deviating child has already been recognised and referred for treatment. Formerly unless a child's abnormality was immediately obvious at birth, early recognition of a handicapping condition depended upon the realization of his parents, or his more experienced grandparents, that he was not progressing normally and upon their willingness and ability to seek expert opinion. Consequently appropriate assessment and treatment were often delayed until school entrance. Of recent years, increasing professional interest in all aspects of developmental paediatrics has encouraged earlier recognition of deviant development and finer diagnostic procedures.

Children at Risk. Whatever difference of opinion there may be regarding the keeping of risk *registers,* it is now generally agreed that certain groups of *children* are more likely to suffer from handicapping conditions than the majority in their "cohort" and that these vulnerable infants should be carefully followed up until it is certain whether or not they are able to see, hear, walk and communicate normally. *Infants at Risk* may be divided into five groups. Children in the first four of these present congenital malformations or have unfavourable medical histories. Children in the fifth group appear to be normal at first, but manifest unfavourable signs or symptoms later. The five groups may be conveniently designated as follows:

Group 1	Adverse family history.
Group 2	Prenatal hazards.
Group 3	Perinatal dangers.
Group 4	Postnatal mishaps
Group 5	Developmental warning signals

Handicapped Conditions in Children may be divided into three main categories: (a) those which are *obvious from birth,* e.g. gross congenital deformities, mongolism, etc.; (b) those which must be *deliberately sought for,* e.g. metabolic disorders; congenital dislocation of hip, blindness, deafness, etc.; (c) those which *become apparent during development,* e.g. cerebral palsy, mental retardation, specific emotional, learning and language disorders, etc.

Hence the need for reliable developmental diagnostic testing procedures. These fall into two broad categories—those which are designed for *screening* large populations, and those which are intended for more precise individual application. Screening tests are valuable only if they can be relied upon to identify all the children needing further investigation, without at the same time including too many "false-positives".

Diagnostic Procedures

Screening Devices must be simple in application and *sensitive* in result and *ideally* should be applied to the entire infant population. *In practice* they must often be limited to children at risk.

Individual Investigations are essential in every known or suspected case of handicap. They *usually* necessitate full clinical and laboratory facilities. They *frequently* require opportunity for prolonged observation. They *sometimes* depend upon response to empirical therapies.

Follow-up Arrangements. (a) *Paediatric supervision* should continue until the child demonstrates that he can see, hear, walk and talk satisfactorily, and that his general behaviour is suitable for his age.

(*b*) *Educational* assessment treatment and supervision must be provided at all appropriate stages.

Although early diagnosis of a handicapping condition is essential if appropriate treatment is to be applied at the most favourable developmental stage, it is of little value unless expert medical advice and adequate community services are immediately and continually available.

Although careful history taking and regular follow-up of children known to fall into the first four high-risk groups will lead to early identification in many cases, a disquietingly large proportion of handicapped children are not found in this way. It is therefore necessary that children's doctors are trained to recognize the earliest signs of deviance from normal developmental progress. The most important factors to be considered in this connection are the mother's witness and the doctor's findings.

Development Danger Signals

Mother's suspicions that her child is not seeing, hearing, moving his limbs or taking notice like other children of his age. *She is usually right.*

Paediatric findings such as delayed motor development, lack of normal visual alertness, inattention to sound, delayed development of vocalization or speech, lack of interest in people or playthings and abnormal social behaviour of any sort. *It is not safe to rely upon a single examination.*

Full *assessment* of a handicapped child must always include his *sensory* functioning as well as his motor and neurological capacity, his intellectual competence and his social behaviour. For this reason the popular psychological child development scales, designed to provide a quotient of some sort, useful though they are within their own particular terms of reference, must always be supplemented by full paediatric examination, including careful evaluation of the child's visual and auditory capacity and his powers of communication. It is equally important to assess and record a handicapped child's *abilities* and to "treat" (i.e. train) these appropriately in parallel with the medical and surgical treatment of his disabilities.

Full medical and surgical provisions have always been available to every child, normal or handicapped, within the National Health Service. Recently responsibility to provide full educational services for all children, according to age, aptitude and ability, including those formerly deemed unsuitable for education at school, has been accepted by the local education authorities. This official acknowledgement of the paramount importance of expertly planned and supervized education of severely handicapped children from their earliest years has brought much relief and satisfaction to their parents. It is sometimes forgotten, however, that this education, using the word in its correct, broadest definition, begins in the home, long before the child is ready for admission even to nursery school. *Parent guidance* should therefore include the provision of knowledgeable instruction and help with regard to everyday practicalities as well as sympathetic family casework, to which the term too often tends to be restricted.

Parent Guidance includes truthful explanation and continuing supportive counselling, practical instruction in day-to-day care and management of the handicapped child, referral for appropriate social services, including maternal assistance and domestic help, realistic forward planning and genetic advice when necessary.

Although his education begins in the home, suitable opportunities for a handicapped child's learning must be continued as uninterruptedly as possible until he reaches the fullest attainment of which he is capable.

Opportunity to Learn

Early Training depends upon adequate stimulation. The natural *teachers* are the parents. The natural *place* is the ordinary family home. The natural *tools* of learning are playthings.

Special Education is an integral part of the handicapped child's treatment. His schooling must always be of prime consideration in planning necessary medical and surgical procedures.

Vocational Guidance must be based on realistic evaluation of his physical capacity, mental ability and social competence.

Ultimate Aims

Finally, it is necessary for all of us who are concerned with the health, education and welfare of handicapped children to bear constantly in mind that childhood itself is a temporary phase in the life of any individual human being. It is our privilege and duty to make his childhood as joyous, rich in rewarding experience and free from anxiety as we can. Nevertheless, the ultimate goal of our endeavours is not to relieve him of all present effort, discomfort and acceptance of personal responsibility, but to equip him in body, mind and personality to become in adult life a happy, self-reliant and useful member of the social community to which he belongs.

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GUYS MISSIONARIES OVERSEAS

PETER G. LUNN

The Guy's Missionary Fund has been in existence for over a year now, and money from the fund has been sent out to several Guy's missionaries to further their medical work.

The response from all parts of the hospital has been very generous and we have sent out £525 5s. 0d. already. We have £203 3s. 0d. in hand, some of which we are hoping to use to subsidise the work of David Halestrap, a dentist who qualified at Guy's two years ago, The money will be used to buy dental instruments to equip mission hospitals in Uganda, where David is working.

Correspondence with the 35 Guy's missionaries with whom we have contact has revealed that the main problems they face are, firstly—lack of qualified staff for the hospitals, and secondly—lack of equipment.

We are obviously unable to help significantly with the first problem, although it is hoped that the visit of at least one missionary every term will stimulate an interest in this type of work. The problem of lack of equipment, on the other hand, has proved to be something that we can definitely help with and over the last year it has been a tremendous experience to witness both the overwhelming generosity of so many people in the hospital, and also the sincere gratitude of the missionaries when they receive their gift.

Here at Guy's we think nothing of using a chemical balance in the Pharmacy, or an electric sucker in theatres, or a refrigerator in the blood transfusion department, or such basic facilities as electricity, linen-rooms, and even beds—yet some of the money from the fund has been used for these very items because they are needed urgently in many mission hospitals overseas.

The following extract of a letter from Dr. Ian Lewis (Guy's 1952-57), who is a missionary in the north of Ethiopia, gives an idea of his situation and how the gift of £100 from the missionary fund has helped him.

"Here in the province of Begemidir in the north of Ethiopia, the medical needs remain very great indeed. There is only one hospital in the area serving a region a little less than England! Recently, the one surgeon left before he was replaced, and for a month or more we had no qualified doctor to do the surgery. The Hospital trains Health Officers to run special Health Centres, and this is part of a programme to place them all over the country. However, they are not numerous enough to provide anything like an adequate service in the province.

"It is in this situation that we are doing medical work. We have recently closed the out-patient Clinic we had been running to move to another area where the needs are even greater. This has meant building a new Clinic, and the area we have chosen is more than five miles in from the road. We began, therefore, by building a simple road over which we could transport all the materials for the building.

"The Clinic is now nearing completion, and is made entirely from locally available materials. This has meant mud walls covering eucalyptus, a cement floor, and corrugated iron roof. The building is some 22 metres long by 7½ wide, and includes two consulting rooms, dispensary, laboratory, treatment room divided into two for dirty and clean cases, minor ops. room, store, and waiting room. As a Mission we work on a very tight budget, and the very generous gift sent from Guy's is being used half for the building, and half for a paraffin refrigerator. The latter we will be using for vaccines mainly, as we hope to carry out a public health programme as a first priority. There is a great deal of T.B., leprosy, whooping cough, typhoid, typhus etc., and a great need for maternal/child welfare. Many, many thanks for your help. . . ."

—and in his latest letter, Dr. Lewis was setting about the task of making 23 doors and five windows for his new clinic!

This gives a rough idea of the situation of **one** missionary—if anyone would like to know more about Dr. Lewis or any of the other 34 missionaries, I would be very pleased to enable them to look through the files of our missionaries, see their letters and so learn more about what is, after all, one "specialisation" of medicine to which some are called.

The fund is still open and if anybody feels they would like to contribute towards it the address is: Peter G. Lunn (Missionary Secretary), East Wing, Guy's Hospital.

In ending, may I thank most sincerely, all those who have given so generously to this fund over the last year—and may I in particular take this opportunity of thanking all those whose gifts I have been unable to acknowledge as the donors have been anonymous.

REVIEW

Concert of Choral and Instrumental Music

December 18th, 1969

The Chapel may be an unpopular setting for a concert, on account of the rigid seating structure, but this did not deter an audience of about fifty from enjoying an hour of music played by instrumental soloists, and a small choir under the direction of Ian Starke, who was also responsible for the concert management. Promptly, at 5.30 p.m., the choir opened the concert, singing from the gallery behind the audience, with Joubert's "Torches"; appropriate enough, as the only illumination was from the floodlit altar, and candles placed at the end of each pew.

The Prelude and Fugue in B minor by J. S. Bach, was then played on the chapel organ by Robert Anderson, an accomplished player, who gave a precise performance of the work. This was the longest single item of music on the programme, but the impelling development of the fugal section did not allow the concentration of the audience to flag. Mr. Anderson disguised the shortcomings of the instrument well, by subtle use of the available stops. The choir then sang "Cantate Domino," by Pitoni. The discipline of this group was emphasised by inspiring attack and articulation. The basses had a tendency to flatten in pitch towards the end—a variation in intonation which was otherwise avoided. A Swingle-style performance of the Bourée from the Water Music by Handel, was an ambitious choice, and despite a reduction in the size of the group, accurate articulation of syllable was still found to be difficult. Nevertheless, this was an interesting effect. The choir were, at all times, alert to the guidance of Mr. Starke, whose extensive preparation had succeeded in welding together a group of untrained voices to produce a high quality of performance.

The 'cello soloist in "Kol Nidrei," by Max Bruch, was the delightful Margaret Anderson, accompanied by Ian Starke. Unfortunately, the tone of the piano could hardly match the rich, evocative tone and phrasing of the 'cello. The semitic origins of the music were delicately expressed by small glissandi to notes in some passages; a feature of this idiom.

The choir returned to sing a traditional carol, "Rise up, Shepherd". A very brief pitching note did not allow the bass soloist, Chris Rudge, adequate chance of preparation; however, he and the choir successfully averted the embarrassment of a false start. This was followed by another carol, "The Three Kings," by P. Cornelius, in which Eleanor Simons, a singer with rich tone quality, was the soprano soloist. The choir provided a chordal accompaniment. A stronger control of their dynamic level would have perfected this performance.

The Guy's composer, John Hawkins, introduced a second work to a Guy's audience, the first having been his quartet for brass, performed last Easter. He apologised that the third movement of this, his "Sonata" for clarinet and piano was not yet complete, and played the existing movements (I and II) in reverse order. Anthony Morgan accompanied the composer, but again the failings of the piano were too apparent, so that the resulting effect was of a clarinet solo, instead of an equal exchange between the two instruments. Nevertheless, both movements were pleasing to the ear, possessing none of the discordant "harmonies" of some contemporary works. Both players displayed a strong sense of rhythm, so essential in the fast moving first movement, which showed certain similarities to the brass quartet, in the use of scales in contramotion. We must look forward to the continued development of Mr. Hawkins' work.

The choir completed the programme with two items, "Thou must leave thy lowly dwelling," by H. Berlioz, and "The Christmas Rose," by Alan Ridout. The modern style and the difficulties of intepretation made the latter work the most taxing of the choir's programme. A solo quartet (S.A.T.B.)—Greta Howell, Eleanor Simons, Brian Holdsworth and Chris Rudge—sang alternately with the choir, both supported by an organ accompaniment, played by Anthony Morgan. More careful moulding of the exchanges between choir and quartet would have enhanced this performance, but the unusual intervals and harmonies were well executed and earned the appreciation of an admiring audience.

This varied programme maintained high standards throughout. Even the least musically orientated member of the audience came away from the concert having, to his apparent astonishment, enjoyed the whole event. There can be no better tribute to the quality of a performance than this.

Peter Stevenson-Moore.

Music at Guy's—Southwark Cathedral—4th December

This concert, by Musica Medica, and the London Medical Orchestra, with the Guy's Hospital Chorus, was divided into two parts, not only by the interval, but by the orchestral and choral nature of the works.

A spirited opening was provided by the Introduction to Act III of "Lohengrin," by Wagner, and after a hesitant start by the strings the work gained momentum well, with the heavy brass section making the fullest use of its opportunities.

Then followed a performance of the Piano Concerto No. 23 in A Major (K.488), by Mozart, with Jane Tovey as the soloist. The first movement was perhaps taken at a slightly slow tempo, but this did not detract from the crisp interpretation, by orchestra and soloist. The moving second movement was captured to the full, and followed by the lively third, with Miss Tovey maintaining her competent technique.

After a performance as delightful as this it was good that the audience had been informed prior to the start of the concert that applause would be welcomed.

The first half of the evening ended with selected numbers from the Suite from "Swan Lake," by Tchaikowsky—the opening "Scene," "Dance of the Swans," Hungarian Dance, and "Waltz." These are such well-known pieces that any minor faults tend to be readily apparent, but it was not until the poor start to the Waltz that the precise string playing and well thought-out changes of tempo were upset. However, the end provided a rousing conclusion to the first part of the concert, which had been under the most able baton of Mr. Bernard Jupp.

After an interval of fifteen minutes, Mr. Stephen Coles prepared to take charge of the Choral Part of the evening, which consisted of the Te Deum Laudamus in D, by Henry Purcell, and the Magnificat in D, by C. P. E. Bach. The soloists—Elaine Naylor, Alan Kendall, John Dudley and Robin Gritton—and Chorus assembled, the audience was then treated to two fine performances of two thoroughly enjoyable works. Without wishing to single out any one person, one must mention the work of Mr. Coles in editing the Te Deum, and in producing such an excellent result.

The kind of effort which I know has to go into producing a concert such as this, was proved eminently worthwhile.

P.J.B.-S.

CORRESPONDENCE

'59 Club

SIR,—May I, through the courtesy of your columns, give notice of the next Annual Dinner of the '59 Club which will be held at 7.30 p.m. on Saturday, 7th March, at The Old Miller of Mansfield.

I shall be writing separately to each member of the Club, but if any member has changed his address and does not receive my communication, would he kindly take this as an official request for the pleasure of his company.

Yours sincerely,

CLIFFORD HARLEY,
Hon. Sec., '59 Club.

"Slopes", Lunghurst Road,
Woldingham, Surrey, CR3 7HF.

Melbourne, April 1970

SIR,—It is with pleasure that we look forward to the arrival in Australia of Mr. T. L. T. Lewis. He is coming as Sims-Black Travelling Professor, and we have been given the firm date of Tuesday, 28th April, as an evening upon which we may entertain him for a Guy's Hospital dinner in Melbourne.

I would be grateful if I might use the *Gazette* to announce this, and request that any Guy's man or woman who will be in or near Melbourne on that date to get in touch with me as soon as possible so that suitable arrangements can be made.

Yours faithfully,

WILLIAM M. E. TWEED.

37, Fernhill Road,
Sandringham,
Melbourne 3191.

Boat Club 125th Anniversary Ball

SIR,—We must express our appreciation of the great efforts made by the Boat Club in organizing the recent 125th Anniversary Ball.

The meal and the arrangements were of a very high standard and combined to give all who were present a most enjoyable evening.

Mr. James Mansie, the President, transposed from his usual rostrum at one or other of Borough hostelries, reached previously unscaled heights (or should one say unplumbed depths?) in his centennial address.

A great debt is owed to Peter Hunt, the Club Captain, who was the driving force behind not only this social venture, but also the Boat Club's best rowing season for some years.

We hope social events of this calibre and equally great success on the River will provide a precedent for years to come.

Yours faithfully,

JOHN SKUSE,

JONATHAN WILLIAMS,

Vice-Presidents, Guy's Hospital Boat Club.

East Wing,
Guy's Hospital, S.E.1.

Bermondsey House or Borough House ?

SIR,—Regarding the suggested names for our new building put forward in the last *Gazette*, "Thomas Tower" could be dangerous. It would need only an apostrophe after Thomas to encourage our friends up the river to have ideas.

"Bermondsey House" has much to commend it. It would commemorate an old Borough of London served by Guy's for so many years. The new building must be in the old Bermondsey, for I well remember on a great occasion the Mayor of Bermondsey relinquishing his place at the head of the procession to the Mayor of Southwark as they crossed the Maze Pond. The annals of the Hospital and the minutes of the Governors' meetings must contain many references to our association with Bermondsey.

It was the people of Bermondsey who rushed from their shelters to help when Hunt's House was hit by a bomb. If the Residents follow up Mr. Hayes' suggestion to tour the local pubs, I feel sure "Bermondsey House" would be acclaimed. May, I offer another suggestion? All "Guy's" love "The Borough?" There is a High Street, a market, a polytechnic, why not a "Borough House" within Guy's? For positively the last time, may I say that I hope that our time-honoured custom will be followed and that it will be named a HOUSE of some description.

Yours, etc.,

FLORENCE TAYLOR

2/103, Blackheath Park, S.E.3.

The Early History of Salomons' Centre

SIR,—I find that I omitted to thank Mr. Orde, the Hospital Archivist, for all his work in unearthing various information, so that I was able to write my article on "The Early History of Salomons' Centre", and I would be grateful if you would publish this letter, so that proper recognition is given to Mr. Orde, who, I am sure, would always help anyone writing an article concerning the past history of the hospital.

Yours faithfully,

J. B. BLAIKLEY.

Keats House,
Guy's Hospital,
London Bridge, S.E.1.

Springboks Go Home — Or Should They ?

SIR,—Mr. R. Cutler under-estimates the power of public opinion. It is surely indisputable that world opinion "forced" the British Government to "concede" it had had no right to invade Suez. And what of General Eisenhower's claim that he had made preparations to use atomic weapons in the Korean war, but was advised that world opinion would have condemned this?

The fact is, as the Vietnam war daily demonstrates, that however strong and inflexible in its aims, no Government can continue to ignore the force of moral condemnation. There are honest people in South Africa as in the rest of the world, and the day will surely come when they, too, will concede what world opinion overwhelmingly believes, namely, that every man is entitled to his own measure of human dignity whether he be white, black or any other colour. In promoting non-coloured teams such as the Springboks and in refusing to accept d'Oliveira into South African cricket, the Government of South Africa has quite deliberately chosen to over-ride world opinion. Our task is to refuse to be over-ridden.

Mr. Cutler referred to the "failure to impose our will on Rhodesia". He should not be deluded into believing that any British Government is afraid of imposing its will when profit is at stake. There is no question at all that Ian Smith or the imposers of apartheid intend any harm to foreign interests. Quite the contrary, and it is because the British Government does not wish to alienate the very influential people, in Britain and in Rhodesia, associated with these interests, that it stays its hand. A different sort of belligerency is reserved for the genuine iconoclasts as in the case of the not too distant Marxist-led Government of British Guiana, when Whitehall not only despatched a battle-cruiser post haste, but amended the Guianese constitution in retrospect to legalise its action.

Yours faithfully,

D. D. STALFORD.

Carlton,
Bonehurst Road,
Horley, Surrey.

NURSING SECTION

One of the final events of the Guy's Christmas Season was the Cocktail Party given by the Governors for the Senior Nursing Staff of the hospital and their guests, on Wednesday, 14th January.

For the second year the venue chosen for this was the Clothworkers' Hall. This is the home of the Guild of that name and is situated in Mincing Lane in the City.

As one whose Architectural knowledge is strictly limited to recognising, with some difficulty, a Norman Arch, I cannot attempt to describe the Clothworkers' Hall, except to state that it is a most impressive building and the perfect setting for such an occasion.

After having been welcomed by the Chairman, the guests commenced the evening by inbibing champagne. After having thus whetted their appetites, they then proceeded to sample the further offerings, which were both splendid and plentiful.

I think everybody would agree that the Cocktail Parties of the last two years have proved far more enjoyable than the more formal atmosphere of a Dinner, as it is possible for everyone to meet many more people.

All those who attended on this occasion would wish to extend their gratitude and thanks to Lord Robens and the Governors for providing a most pleasant and, I have no doubt, costly evening.

BOOK REVIEWS

PYE'S SURGICAL HANDICRAFT.

Edited by J. Kyle, M.Ch. (Belfast), F.R.C.S.(I), F.R.C.S., Consultant Surgeon, Royal Infirmary, Aberdeen.

Nineteenth edition, 1969, Bristol: John Wright and Sons. Price 65s.

The nineteenth edition of Pye's Surgical Handicraft finds this work flourishing eighty-five years after its creation, and with its reversion to a single volume (after a brief period of dichotomy), it perhaps attains a degree of re-invigoration to set it on the road to a century of publication, as near long as modern surgery itself.

Its intention is laudable in providing a basic need, a manual of practical procedures directed at the recently qualified House Surgeon, when he is confronted with the myriad problems of day-to-day management, whose solution depends upon a modicum of "know how" not always easily acquired during an academic training. He will more than likely herein find an answer. It is a most thoroughbred book with a list of thirty-seven distinguished contributors from many countries. Its style is concise and easy to assimilate, with subject location facilitated by an ample fifty-page index.

Its intrinsic value lies in the section on management of surgical cases. This deals with all aspects of pre- and post-operative care and a useful contribution on assistance at operation. All topics generally included under general surgery are covered, with chapters dealing with cardiac, paediatric, E.N.T. and ophthalmic specialities.

When a stated policy of the book is brevity, the priority for inclusion of a few chapters cannot be so well approved. I refer to those on fractures which seem to reproduce what is already available in other texts, and a chapter on bandaging which may be to encourage a nursing readership.

In these days of demarcation, a treatise on general anaesthesia seems likely to benefit only those in remote places, as most of us would not be persuaded to undertake such a procedure on a do-it-yourself basis. However, as the book enjoys an instructional reputation, this may be justified.

Notable features are those on fluid and electrolyte control, the management of children, and on urological problems. There is also a new chapter on the care of the dying patient, and those with advanced carcinoma, for which many readers will be grateful.

Although this book may not be a personal possession, it must be recommended for a place in all surgical libraries and casualty departments, and a desirable member of the ward bookshelf.

JOHN C. BULL.

THE CHILD AND HIS SYMPTOMS, A COMPREHENSIVE APPROACH.

Apley and MacKeith. Blackwell, 42s.

This book was first published in 1962, and six years later the second edition came out. Not having read the first edition, I turned to the preface to the second, which informed me that more references and two new chapters had been added, but that the aim of the book had not changed.

This is not a text-book of Paediatrics and is not claimed to be such by its authors. It is a book about children, about their physiology and anatomy, and how these are related to both physical and emotional disorders. The child is seen as an individual with a disorder in his environment, and account is taken of the complex relationships between these three factors. This sort of approach is sadly lacking in many branches of Medicine, where it is certainly applicable. The phrase, an interesting case of such-and-such, is surely too frequently heard and too frequently used by most of us.

Factual material is in abundance, and yet the book remains easily readable. There are summaries at the beginning of each chapter and headings through the chapters, yet the text flows smoothly. Many quotations and case-histories add more interest and information. A book for every student of Medicine.

N.D.

SPORT

SPORTS COMMENT

H.O.P. SHAME !

As a sequel to the last edition's comment on the lack of food, in the form of a hot meal, for opposing teams playing H.O.P.; last Wednesday, the Wednesday XV rugby team visited St. George's Hosiptal ground at Wimbledon. After the game the whole fifteen players received a meal consisting of beans, chips and a choice of bacon and egg or steak pie, which was followed by tinned fruit. It seems amazing that firstly such a small hospital as St. George's would be able to foot such a meal, and secondly a rugby team which compared with some of the teams Guy's plays, is completely insignificant. Surely our hospital is not so miserly, and devoid of all pride, not to be able to provide hot pie and beans for at least the important visiting clubs. It is time the sports clubs which use H.O.P. got together and did some lobbying so that by next season at least proper refreshments can be given.

RUGBY

GUY'S v. TAUNTON

Saturday, 17th January, 1970

Result: Won 8—6.

Following the heavy defeat by Plymouth Albion at Plymouth the previous Saturday it was with some relief that a slightly changed side took to the field in the familiar surroundings of H.O.P.

Our opponents on this dull overcast day were Taunton, the second of our four West Country fixtures this season and they fielded a strong team containing seven county players.

Guy's elected to play up the slope in the opening half and in the opening scrum the power of the Taunton pack became obvious when they pushed back the Guy's eight and wheeled them with apparent ease. This proved to be the pattern of a large number of the subsequent scrums and consequently Merrett in the scrum-half position received constant bad balls whilst continually being harassed by his lively opposite number. This in turn meant that the three-quarters were never really able to get going during the entire game. Where the cause of the trouble lay is uncertain but the height of our eight and lack of tight binding made one wonder whether the scrummaging machine, at the side of the pitch, is being but to sufficient good use.

Despite the setbacks in the tight, Guy's dominated the loose play with Baker, Neville and Forbes, especially the latter, starting second-phase play or providing the pack the opportunity to ruck good balls. This latter feature however was far from evident and often the ball ended up stagnant under a pile of bodies.

The first score was to Guy's when Elliot kicked a penalty from 25 yards after eight minutes, following a Taunton scrum infringement. Following this the opposition came back strongly with their lively half-back pair testing the slow but safe defence with a series of well-placed cross kicks, and after 30 minutes they drew level at 3—3 following a scrum infringement.

Ross just failed with a huge penalty effort from his own 10-yard line and Elliot missed with a closer kick on half-time. Highspot of the half, if not the season, was the famous John Davies dummy executed in front of the stand.

The second half was much the same pattern as the first, with Guy's attacking constantly but with their moves breaking down due to unnecessary mistakes while Taunton broke dangerously but tellingly, when after 25 minutes they scored through a well taken drop goal.

In the face of this setback Guy's responded with a brilliant try 18 minutes from time, following a pick-up by Forbes and a fine series of forward interpassing over some 50 yards. Sommi on the right wing recovered from a bad long pass and followed his kick over to score. A heartening try which Ross converted well.

Taunton came back but Guy's survived the late pressure to win 8—6. To sum up—a frustrating game for the supporters, that small but faithful band who turn up regularly each week, but one in which Guy's showed both the mistakes and expertise that will either win or lose them cup matches. There is still, however, much cause for optimism in the coming games as the team spirit is very ardent.

The first Hospitals Cup match is on 10th February against the winner of the Middlesex Hospital v. St. Thomas' match. It will be held at the Westminster Hospitals ground at Cobham, Surrey.

On the evening of Saturday, 17th January, nine of the first team rugby shirts were removed from the changing room at H.O.P. Would anyone who could give any information of their whereabouts contact the Secretary, J. Shutes, c/o East Wing.

HOCKEY

GUY'S v. BART'S

2nd Round U.H. Cup. Won 2—1.

St. Bartholomew's were last year's cup finalists and are a very tough side to beat. The match was played on a bitterly cold day at H.O.P. The game started with only nine Guy's players present; however, this provided the needed stimulus and Guy's were soon on the attack. Within two minutes, Guy's forced a short corner and David Crafts middled the ball beautifully into the back of the net.

The remainder of the first half provided a fast, entertaining game, with tempers becoming a little frayed. Once the umpire had stamped out the ill-temper there was some exceptionally good hockey from both sides. Guy's (now with eleven players) began to use their wings more and Cripps on the right produced some dangerous centres.

Midway through the second half, Bart's were awarded a short corner which was dutifully struck into the roof of the net; with the score at 1—1, snow started falling, making the ball difficult to distinguish.

The Barts' forwards continued to attack but their final passes were indecisive and did not provide many problems to the defence. With about ten minutes to go the ball was moved up the middle of the field and a good pass found Robert Clark unmarked on the 25. He dribbled the ball up to the goalkeeper and pushed it past him into the net. Unfortunately, two covering Bart's full-backs collided with their goalie, resulting in him being transported away on a stretcher with a somewhat bent leg!

In the last five minutes, Bart's pressed hard, but were unable to score. The result was very pleasing and a fine effort by the team. The semi-final is due to be played in the new year against R.D.H.

Team: R. Clarke, M. Vellacot (Capt.), D. Crafts, R. Goodhart, C. Pearson, R. Kendrick, S. Cripps, R. Burns, R. Clark, R. Fell, P. Willmer.

C. R. Pearson.

GUY'S v. SURBITON II

Lost 2—0.

The match was played on a near-perfect pitch and proved to be a fast and entertaining game. Surbiton, always a strong side, were strengthened by the inclusion of Mike Griffith, the Southern County player who added a lot of thrust to their forward line.

Guy's were soon under pressure after the start and only some sterling defence and goalkeeping kept the scores level, Guy's finally succumbed to a good move from the right wing—David Jones, the British sprinter, proving a little rapid for the Guy's defence. Half-time saw the score at 1—0. During the second half, the game became more even and Guy's were unlucky not to score on several occasions. The second goal came near the end of the game, after a strong run by the Surbiton centre forward.

Although this was the first defeat of the season, it was a very encouraging game after the poor form of the last few weeks. Up till this game there had been a lack of thought near the opposing circle but Guy's produced some good attacking moves in this game and were unlucky not to score.

After the many disappointments against St. Bart's in the last few years, the team is determined to get their revenge and one hopes that if a similar performance can be produced agains Bart's a win should be forthcoming.

Team : R. Clarke, M. Vellacot, D. Crafts, R. Goodhart, C. Pearson, R. Kendrick, A. Bell, R. Burns, R. Clark, R. Fell, P. Willmer.

DON'T MISS THIS

The Past and Present hockey match will be played on Sunday, 8th March, 1970. Anyone willing to play for the Past side please contact: A. Winskill, "Summercroft," 49, West Common, Haywards Heath, Sussex.

SOCCER

GUY'S v. ST. MARY'S.

21st January, 1970. U.H.L. Away.

Result: 3—3.

After opening the new year with a narrow defeat at the hands of St. George's, Guy's took a rather weak side down to Teddington in their quest for league points. The defence especially looked unsure, and it came as no surprise when a cross from the right resulted in St. Mary's taking the lead after Carter, in goal, had mishandled. However, soon after the restart, Guy's switched to attack, and as the ball ran loose on the edge of the area, Drage hit a low shot into the corner of the net to equalise. With Lovell reverting to his usual position at the back, the defence began to look much tighter, and the honours remained even at half-time.

From the restart, however, St. Mary's took a firmer grip, and were rewarded with two further goals early in the half. The game looked "sewn-up" for St. Mary's, but this was not to be. As they visibly relaxed their hold on the game, Guy's came back with a determination so often lacking in the past. With Edwards and Milne working hard in mid-field, Guy's switched to all-out attack, and were rewarded when Mature (having the slight disadvantage of a broken toe) reduced the arrears. By now, the equalizer was really on the cards, and it came in spectacular fashion from Mature. Collecting the ball on the penalty spot, he sold a beautiful dummy to his challenger and, turning on a sixpence, hit a low drive into the far corner of the net. Guy's were, perhaps, a little lucky to take a point, but there were some fine individual performances in the Guy's side. Special mention must be made of Goodman who, in his first appearance of the season, had an outstanding game up front; and Brummel, whose tenacity sets a good example to the rest of the side.

Team : Carter, McConnel, Lovell, Brummel, Allison, Edwards, Grace, Dutton, Goodman, Drage, Mature.

Steve Drage.

SAILING CLUB

U.L. LEAGUE

GUY'S v. KING'S COLLEGE

Won: 6 pts.—16 pts.

Having only lost one match so far in the 1969-70 league, Guy's were fairly confident against a somewhat untried King's team.

The light, "flukey" conditions did not seem to worry the Guy's team and we finished the first race in first and second places, scoring minimum points. After the start of the second race, a King's boat managed to slip into second place, but team tactics on the first windward leg of the course enabled Guy's to obtain first and second positions which were easily maintained until the finish.

GUY'S v. NORTHERN POLYTECHNIC

Won: 6 pts.—16 pts.

The conditions were very similar to those experienced in the previous match, and once again Guy's displayed excellent boat speed to finish with minimum points in both races.

Although these matches were won rather easily the team should not become too complacent when it comes to sailing against such teams as U.C., I.C. and St. Mary's Hospital in future rounds. These colleges are extremely experienced in team racing tactics and should provide interesting competition during the next few weeks.

Team: P. Meakins, G. Barker, W. Simpson, P. Richardson.

G.B.

SQUASH

GUY'S v. MIDDLETON

Wednesday 21st January, 1970. Lost 1—4.

We were pleased once again to welcome the team from Middleton, one of our fixtures on our Autumn Tour, unfortunately A. Sutherland was unable to play which weakened the Guy's team. Terry Reynolds played well and showed how fit he really is but was out-classed by Warwick Sabey: Ian Mackenzie playing second string beat L. Bewley, the match going to five games and lasting about 90 minutes. David Richards lost to P. Robinson in three very close games but Edward Evans was not so fortunate and lost very quickly to C. Boswill. Robert Lomax had a good game but lost to P. Smith a more experienced player. Everyone then retired to the George where we tried to return the hospitality shown to us at Middleton.

I.J.M.

BOAT CLUB SUMMARY

Last term proved that Guy's has considerable talent to call upon. This resulted in a very satisfactory degree of success. Most encouraging of all is the tremendous spirit and promise shown by the Guy's-taught novices of this and last year. We must attempt to develop this as much as possible this term. With commitment as well from the senior members of the club who have great trouble in extricating themselves from the modern medical machine for even an afternoon. Together, then, we shall be able to come to the summer expecting the same success instead of being surprised by it. On Easter Saturday we shall be rowing the 112 miles from Oxford to London, and we express great hope that our effort is worthy of all Guy's Men's support.

PETER HUNT.

1969 WATER POLO RESULTS

November 11th—Guy's 9, London 0.
November 18th—Guy's 10, Bart's 1.
November 21st—Guy's 3, Mary's 1.
December 5th—Guy's 13, King's 3.
December 9th—Guy's 5, George's 4.
December 16th—Guy's 3, Mary's 6.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL MEDICAL SCHOOL

(University of London)

Lecturer required in the Department of Chemical Pathology. Appointment for two years in the first instance from 1st July, 1970. Salary on scale £1,885—£3,020 with Superannuation. Duties include undergraduate teaching and provide ample opportunity for research. Applicants should hold a medical qualification and have a special interest in clinical applications of immunology especially as related to the structure of normal and pathological immunoglobulins. Applications should be made before **14th February,** on a form obtainable from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

PASS LIST

LONDON UNIVERSITY
M.S.

R. G. Notley

UNIVERSITY OF LONDON
M.Sc.

Radiation Biology

O. U. Eka
J. G. Prime
M. A. Khokhar
M. H. Repacholi

Special first examination for medical degrees

M. R. B. Cottrill,
R. J. Robinson
R. K. Farrell

UNIVERSITY OF OXFORD

2nd B.M. Examination

*A. C. L. Fraser
*P. G. P. Lawler
*E. J. Will
*R. J. Jacoby
M. J. Reilly

*Have completed examinations

2nd B.D.S.

Elizabeth J. Bodycombe
M. J. Borsberry
J. A. Clark
P. A. Cooper
I. C. Forsythe
A. K. Godman
J. P. A. Harrison
Margaret M. Hirst
A. T-L. Lee
Elizabeth S. Poulton
K. F. Rigg
Monica R. Symes
S. H. Troughton-Smith
R. L. Wood

3rd B.D.S.

Honours

R. L. Anderson
G. R. Barker
G. Farber
J. A. Osborne
R. H. Salt
Philippa M. Sherwin
Elizabeth J. E. Smith
M. P. Stearns
Elizabeth A. C. Tippett
P. R. Walker
A. Watts

Pass

Marion J. Apthorp
Jeanne E. Baker
Carol A. Blanks
A. S. Blinkhorn
P. A. Breen
P. G. Budden
P. V. *Carrotte*
Isla M. Copeland
J. G. Cragg
S. C. Crocker
J. S. Cunliffe
D. W. Davidson
A. J. Davis
Carina Dovey
P. N. Gooder
P. A. Haigh
T. G. Haywood
Sally E. Hunter
D. P. Jacobs
R. W. Kendrick
J. D. King
P. M. Lewis
D. Lindridge
J. M. B. Ludford
I. J. Mackenzie
K. W. *Malia*
S. A. Marsh
M. J. Nockles
C. R. Pearson
A. G. Pullinger
Anita L. Sharp
B. J. Smith
G. L. Standring
K. Taylor
G. M. Thomas
P. B. Veale
Elizabeth J. Waterhouse
Deborah M. Wiggins

Part I

R. N. Allen
D. T. Anderson
E. P. Brown
R. E. Burt
R. M. Bye
D. I. M. Carmichael
R. K. F. Clark
P. J. Cranfield
T. J. H. Dymond
Patricia M. Fernandez
B. C. Ford
E. T. Harland
M. J. Hughes
J. P. C. McGlone
M. A. Samji
P. Stevenson-Moore
S. D. W. Stuart
J. W. Tennant
A. P. P. Walker
T. J. L. Want
S. M. P. Wright

Part II

P. N. Adams
D. B. Armstrong
S. C. Brazlinton
Sophie M. Bridge
Moira Brown
Margaret E. Cartwright
F. D. K. Chan
R. K. F. Clark
Hazel L. Collier
Anne Combeer
I. R. Cooper
R. W. A. Court
J. S. Cowling
P. J. Cranfield
T. J. H. Dymond
Dorothy R. Evans
A. G. Fallowfield
Anne Foster
A. G. George
M. J. Gleeson
D. N. Glover
T. R. L. Gould
Rosalind S. Grazin
M. D. Gross
N. W. T. Harradine
P. R. Hunt
Diana M. Langley
I. H. Learner
J. P. C. McGlone
M. G. M. McIntyre
Hilary E. Mayne
D. A. G. Munn
G. P. Northcott
M. J. Novak
Rowena Oakes
Susan Parry
T. R. Pitt-Ford
Sheila M. Ratcliffe
S. F. Roper
P. Sharples
Rosemary J. Stanley
J. R. Walker
A. J. Walter
A. J. Ward-Davies
G. Wild
J. R. Zabkiewicz

Part III

M. F. Ashley
C. H Ballard
M. J. Carter
P. R. Hunt
G. F. Langly-Smith
I. H. Learner
K. P. J. Malone
C. K-S. Wang
C. E. Wilde

CAMBRIDGE UNIVERSITY
Final M.B.

Part I

M. F. M. Bamford
J. R. de Carteret
N. R. Fieldman
M J. Forbes
N C. B. Howell
S. M. Kilpatrick
N. I. McNeil
W. J. Morris
J. M. Ruddock
R. J. G. Rycroft
D. F. M. Thomas
R. M. Weatherstone

Part II

*C. R. A. Clarke
*Has now completed the examination.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Final F.R.C.S.

J. G. Cochrane
J. R. W. Keates
F. P. McGinn
T. G. Nash

COLLEGE OF PATHOLOGISTS

Final F.C.Path.

D. J. Allan

PERSONAL

HASTINGS—Young Associate/Assistant required with or without view, by 3 Guy's men in congenial long-established expanding 5-man practice. Excellent surgery, chair-side assistant, secretary and reception, own lab. Scope for all branches of dentistry. Generous remuneration. Excellent flat available above surgeries on sea front. Box No. 1/2.

CHANGES OF ADDRESS

Dr. and Mrs. T. B. Brewin, 14, Colquhoun Drive, Bearsden, Glasgow.

Dr. B. J. Cremin, "Little House", Brommersvlei Road, Constantia, Capetown, South Africa.

R. A. Furbank, Lamellion Hospital, Liskeard, Cornwall.

Dr. A. N. Greenwood, B.D.S., L.D.S., 3017, Henderson Road, Victoria, British Columbia, Canada.

Dr. Arnold J. Rosin is now at 6, Hagra Street, Rehovot, Israel.

Sqn.-Ldr. and Mrs. A. F. Tredre, R.A.F. Hospital, Wegberg, B.F.P.O. 40.

BIRTHS

BUXTON—On 13th January 1970 to Ann (née Everitt, S.R.N.) and Peter, a third son, Jonathan Guy. Much welcomed brother for Ian and Gordon.

SIEVERS—On 28th December, 1969, at Royal Berkshire Hospital, Reading, to Ann (née Kenward) and Paul Sievers, a son, Roy Frederick, a brother for Claire.

DEATHS

BROCKLEBANK—On 26th December, 1969, John Alfred Brocklebank, M.D.London, M.R.C.P., D.M.R.E.

HUNT—On 3rd January 1970, at his home in Bromley, William Stanley Hunt, M.A., M.D.Cantab., aged 63 years.

TOWNLEY—On 3rd December, 1969, at his home in Goring by Sea, Sydney Granville Townley, L.D.S., R.C.S., aged 76 years.

VOGT—On 1st January, 1970, at Poole General Hospital, Herbert Victor Vogt, L.D.S., R.C.S.Eng., aged 77 years.

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We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

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GUY'S HOSPITAL GAZETTE

EDITORS	R. S. TROMPETER and S. M. KILPATRICK
SPORTS CORRESPONDENT	T. W. HIGENBOTTAM
NURSING CORRESPONDENT	Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2128

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Air of Detachment

It is unfortunate that many students at Guy's today run the grave risk of becoming totally isolated from the University atmosphere that is offered to them in London. The ivory towers of the hospital stand isolated from the academic centre of the University geographically and regrettably in thinking and outlook. The sporting members of our community regularly contact, often physically, representatives of other colleges within the University; however, the furtherance of mental sport is noticeable by its absence. The image of the male medical student thus still remains to many only as one of a beer-drinking, rugby-playing individual clad in a three-piece suit. The clinical time-table leaves little time for formal extra-curricular studies and so the enterprising student has to find his own time in which to explore those important problems facing other groups of professionals in our society.

Philosophy, politics and economics, not to mention the world of art, are sadly neglected in the training of a medical practitioner, the very person whose task it is to face members of all social groups at one time or another. The demands on responsible members of a community, of which doctors occupy a sizeable percentage, necessarily require them to be adequately informed about all major social problems.

It is, therefore, somewhat confusing as to what role our own official student union plays in keeping the student body interested and informed about the activities of other London colleges and medical schools, as well as the problems and opinions of other students of the same University. The representatives of the Clubs' Union Committee are elected, although not on a political forum, to look after the interests of all Guy's students. Surely these interests go further than ensuring that the service and quality of "Spit" food is prevented from deteriorating more than is painfully obvious at present. Even an organised attempt at improving the latter seems to be too tough a problem for our elected representatives. However, when an official approach for support is made to the student union by an outside group of professionals, should not all students be informed? The teachers' problem is one of campaigning for an increase in their salary, in order to be able to live on a respectable level according to their important position in society. Although we may not all support their methods, i.e. striking, is this not one particular social problem that every student should take an interest in and voice an opinion on, and not be satisfied with an indifferent compromise. Whether it is the teachers' strike, the war in Vietnam or support for the J.H.D.A., all University students should be able to voice their opinions and be heard.

Claim to Remembrance

An individual death invariably becomes lost in the obituary columns of any newspaper. However, a chasm that can never be filled has been left by the death of Bertrand Russell. Throughout the major part of his ninety-seven years of life he sought for involvement and a greater understanding with the problems of the age. Of noble birth, imprisoned twice and recipient of many noble awards, his thoughts remained lucid, his activities controversial and his writings fundamental texts of reference. Even those who are not familiar with his works know of the crusade with which he was closely associated in the last years of his life. He was appalled by the apparent willingness of the human race to destroy itself and the generosity nations devoted to this end. It is perhaps with these words, spoken in 1954 after the explosion of the first hydrogen bomb, that he should be remembered :—

> "Remember your humanity and forget the rest. If you can do so, the way lies open to a new paradise : if you cannot, nothing lies before you but universal death."

Spectators Wanted

The third round of the Hospitals Cup will be played on Thursday, 19th February, at Richmond Athletic Ground. Support will be welcome.

Congratulations

We offer our congratulations to Mr. E. D. Morris, F.R.C.S., M.R.C.O.G., on his recent award of M.D., by the University of Wales.

Retirement

Mr. A. E. Ewald, Deputy Head Porter, is retiring after twenty years' service to Guy's. We wish him well in his retirement.

50 Years Ago

February 21st, 1920

On Thursday, 5th February, His Royal Highness The Prince of Wales, accompanied by Sir Sidney Greville, paid his first visit to Guy's Hospital. He was reeceived in the Quadrangle with great enthusiasm by the residents, nursing-staff, and students, and proceeded to the Court-room, where he presided over a meeting of the Governors, called to consider and make the necessary arrangements for a public appeal for funds.

After the meeting the Prince visited the various departments of the Hospital, accompanied by Mr. Cosmo Bonsor, Mr. Whitbread, the Hon. Sir Sidney Greville, Mr. H. L. Eason, and Miss Hogg. Beginning at the Chapel, His Royal Highness passed through the Colonnade, where his appearance was greeted with renewed cheering, and entered several of the wards. The Prince of Wales also went into the Operating Theatres, and the Light Department. He concluded his round of the Hospital by visiting the Dental Department, and left Guy's at 3.30 p.m.

Perhaps the most pleasing feature of the whole afternoon was the kindly way in which the Prince shook hands with practically every ex-service patient in the wards, and addressed to each some words of greeting and encouragement.

It is unnecessary to add how gratified all Guy's men were by the interest His Royal Highness evinced in the welfare of the Hospital and by his great personal charm of manner.

25 Years Ago

February 17th, 1945

It was reported in an evening paper a few weeks ago that an eminent women, a Member of Parliament and a doctor, had said in the House that she looked forward to the day when such hospitals as Guy's and Bart's would be compelled to take women students. Whatever our own views are on this subject, it is a fact that, if a hospital wants to be eligible for the Government grants towards medical education under the regulations proposed by the Goodenough Committee, that hospital must take a percentage of women students. Many who object to the idea of medical co-education do so very often because of prejudice rather than from any well-formed ideas and arguments on the subject; we must admit that we are rather at fault in this way ourselves. We have, however, experienced the difficulties of medical co-education before coming to Guy's and consequently we feel that we are more justified in expressing an opinion than those who have not had this basis to work on; and it is those, who have not worked together with the fair sex, who are usually most insistent in their clamouring for the new order.

Let us make it quite clear from the start that we labour under no prejudice against women doctors; many branches of medicine are highly suitable for a woman to follow and, indeed, there are some in which women may be even more successful than men. The question, however, seems to resolve into, "Why should women be educated together with men?" rather than "Why shouldn't they?" Is there any urgent demand from the profession as a whole for this innovation? Does the fact that men and women doctors are largely educated separately influence their professional relations with each other in Practice?

It is only fair that women should have equal opportunities as men in their medical education; but, to ensure this, let bigger and better-equipped hospitals for women students be built and do not try to graft them unnaturally into the existing hospitals. We must emphasise on such a controversial subject that these opinions are purely our own, but representative opinion from the Hospital would be very valuable and we would encourage correspondence on the subject.

The above sentiments in no way detract from the warm welcome that we would like to extend to those students from the Royal Free Hospital who, owing to the exigencies of these times, are temporarily pursuing their pre-clinical studies at the Hospital.

GUY'S DIARY

16	M	1.00	Clinical Lecture. Mr. HENRY. "Structure and Function in the Spinal Column."
17	Tu	1.00	Clinical Lecture. Dr. SAXTON. "Radiology in Urinary Tract Infection."
20	Fr	1.00	Clinical Lecture. Dr. MACKENZIE. "Coma and Death of a Brain."
		2.15	Combined Round in Pre-Clinical Classroom. Speaker: Dr. STEVENS. Chairman: Dr. LESSOF. "Two unusual cases of amyloid."
24	Tu	1.00	Clinical Lecture. Mr. BEARD. "Inguinal and Femoral Hernia."
27	Fr	2.15	Combined Round in Pre-Clinical Classroom. Speaker: Mr. KILPATRICK. Chairman: Dr. OGG.
		4.00	Transplant Lecture, Clinical Theatre. Mr. M. BEWICK. "Donor Preparation."

THYROTOXICOSIS ASSOCIATED WITH SECONDARY MYASTHENIA

by

H. Windsley

Myasthenia secondary to thyrotoxicosis is an exceedingly rare condition. (Sahay, Blendis, Greene, 1965).(1) The following is a description of the first case I have encountered in ten years of general practice in London.

CASE REPORT

D.M., female, age 29, married but living apart, came to my surgery in April, 1969 as a nervous woman. Her father had died two years previously and she suffered from anxiety related to her mother's recent nervous breakdown. There were signs of exophthalmos and marked drooping of the left eyelid. She was put on an anti-cholinergic drug and referred to the West End Hospital for Neurology and Neurosurgery, London, where a diagnosis of thyrotoxicosis with secondary myasthenia was confirmed. (Nieman 1969).(2) She had warm and moist extremities and a fine tremor of hands and tongue. There was a bruit over the thyroid gland. The ptosis of her eyelid responded to Tensilon (endrophonium chloride) a true anticholineesterase. (Nastuk, Alexander, 1954).(3) The Tensilon test has been used as a diagnostic procedure in over 300 patients referred to the Myasthenia Gravis Clinic, The Mount Sinai Hospital, New York City.(4)

Her pulse rate was 120, B.P. 190/100. The patient improved on Carbiniazole 10mgm. tds. and phenobarbitone 30mgm tds. and she was to be reviewed at a later date for partial thyriodectomy.

Auto-Antibodies Tests (Middlesex Hospital).

THYROID ANTIBODIES

Thyroglobulin tanned cell agglutination titre $= \frac{1}{10}$.
Colloid antibodies immunofluorescent = positive (+).
Cytoplasmic antibodies immunofluorescent = positive (+ +).
Cytoplasmic antibodies complement fixation titre — negative.

GASTRIC PARIETAL CELL ANTIBODIES

Immunofluorescent Positive.
complement fixation titre=
non-organic specific anti-nuclear factors (A.N.F.)=negative.
muscle antibodies "I" band fluorescence negative.

As far back as 1672 Willis, in his book De Anima Brutorum, described a case which would seem to fit the diagnosis of myasthenia gravis. One of the first detailed descriptions of this condition was published in the Guy's Hospital Reports (Wilks, 1877).(5) Sir Samuel Wilks described the symptoms of general weakness, loss of muscle power with difficulty in swallowing and coughing. Jolly, neurologist to the Charité in Berlin presented a boy age 14 years with these symptoms to the Berlin Medical Society on the 5th December, 1894, and gave to this disease the name Myasthenia Gravis psuedoparalytica. (Jolly, 1895).(6) He used the faradic electrical stimulus to demonstrate by means of a Myogram the myasthenic reaction of affected muscle groups. He was correct, credit should be given to Benedikt as the man who first described such an electrical response. (Benedikt, 1868).(7) Jolly first suggested the use of physostigmine as a form of treatment although credit for this has always been given to Mary Walker. (Walker, 1934).(8) Dr. Philip Harvill, pharmacologist to St. Bartholomew's Hospital, recommended the use of the synthesized drug neostigmine. (Walker, 1935).(9) Since then little advance in the pharmacological treatment has taken place except in the techniques of administration and control of toxic effects of cholinergic analogues.

Blalock noted an association between myasthenia gravis and thymic tumours and he performed the first successful operation for removal of thymic tumours in a patient with myasthenia gravis at the Johns Hopkins Hospital, Baltimore. (Blalock, 1939).(10) This procedure has also been of value when no tumour was present. In England, most thymectomies have been carired out by Keynes and Piercy, a Guy's trained man. (Piercy, 1957).(11) Without clinical classification it was difficult to assess prognosis of these cases. The first large series of cases of myasthenia were analysed during my fellowship in medicine at the Mount Sinai Hospital, New York City (now the Mount Sinai School of Medicine, City University of New York). This classification was reported at a meeting of the A.M.A. in New York, 1957 and is now regarded as the standard method of classification of this disease. (Osserman, Kornfeld, Cohen, Genkins, Goldberg, Mendelow, Windsley, Kaplan (1958).(12) Cases of myasthenia gravis are divided into paediatric and adult.

PAEDIATRIC

The paediatric form of myasthenia gravis has been divided into two.

(1) **Neonatal.** This occurs in infants born of myasthenic mothers and is a self-limiting condition usually lasting no more than six weeks. The aetiological factor is probably a substance transmitted from the mother to the child across the placenta.

(2) **Juvenile.** Unlike the neonatal cases these children are born of non-myasthenia mothers and tend to have a permanent form of myasthenia. This condition may occur at birth or at any time up to the age of puberty. Usually there is more than one patient in a family; sister, brothers, and cousins have been affected. Ophthalmoplegia, complete or partial with severe bilateral ptosis responding poorly to drug therapy is characteristic of the type.

Adult. The adult form of myasthenics are divided into five different groups.

Group I. A localised non-progressive form of myasthenia which has an excellent prognosis.

Group II. Generalized myasthenia involving more than one group of striated muscles with gradual onset, usually amenable to drug treatment and with fairly good prognosis.

Group III. Acute fulminating onset of generalized myasthenia with severe bulbar manifestations. Usually the respiratory system is involved early. The patients respond poorly to drug treatment and have a very poor prognosis.

Group IV. Late severe myasthenia which develops usually at least two years after onset of Group I or Group II symptoms, thereafter it clinically resembles the Group III patient.

Group V. Muscle atrophy. Most of these patients start as Group II but as early as six months after onset begin to show atrophy. The mortality statistics and prognosis depend upon the other clinical features shown by these patients.

The diagnosis of myasthenia gravis can easily be established by the use of endrophonium chloride (Tensilon, Hoffman la Roche) given intravenously or intramuscularly. The clinical response of myasthenic muscle groups are noted and may be recorded with the Osserman ergograph (Fig. 1). Such rapidly acting anticholineesterases are also invaluable in the defferentiation of cholinergic from myasthenic crises during drug therapy. These tests were first fully investigated at the Mount Sinai Hospital. (Windsley, 1959).(13) The therapeutic response has its basis in the physiology of neuromuscular transmission.

PHYSIOLOGY OF NEUROMUSCULAR TRANSMISSION

At the arrival of a nerve impulse acetylcholine which is stored at the nerve end plate is released presynapticly (see Fig. 2). The second important feature is the interaction between specialized regions of muscle membrane and acetylcholine resulting in depolaresation of the motor end plate and subsequent contraction of the muscle fibres

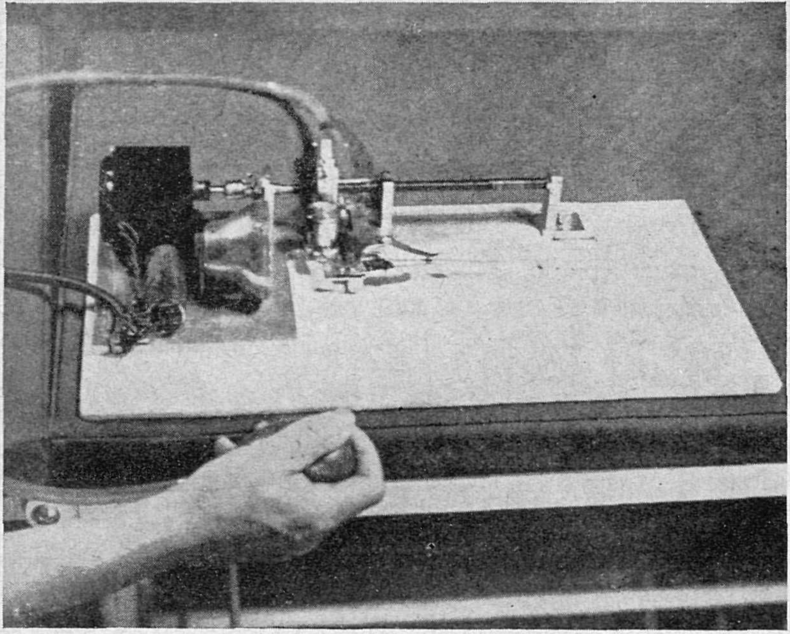

FIG. 1
OSSERMAN ERGOGRAPH
K. E. Osserman Myasthenia Gravis (Grune and Stratton. New York. 1958.)

post synapticly (see Fig. 2). Aceylcholine is destroyed by choline-esterase and the action of an anticholineesterase increases the concentration of acetylcholine available to depolarize the motor end plate. Contraction of a muscle unit will not occur if insufficient acetylcholine reaches the motor end plate. This can be induced experimentally by blocking the receptor organs with curare-like substances or by rendering the same site inactive or sensitive to acetylcholine by depolarising agents. (Katz, 1966).(14)

PHYSIO-PATHOLOGICAL CAUSES OF MYASTHENIA GRAVIS

The association of the Thymus with myasthenia gravis suggests that the illness is precipitated by some product secreted by the thymus gland and that the condition might be an autoimmune disease such as some types of haemolytic anaemias and thrombocytopaenia. (Osserman, Gutman, 1955).(15). Experiments were carried out at the Mount Sinai Hospital in conjunction with the Department of Physiology, Columbia University, to study complement levels of patients suffering from this disease. (Nastuk, Osserman, Plescia, 1956).(16) I noted in the patients under my care in the Myasthenia Gravis Clinic that the disease was aggravated by infections and the myasthenia symptoms improved with chemotherapy; (Windsley, 1959).(17) Recent studies have shown that development of the mammalian lymphoid system and attainment of full competence depend on the presence of the

Features in Neuromuscular Transmission

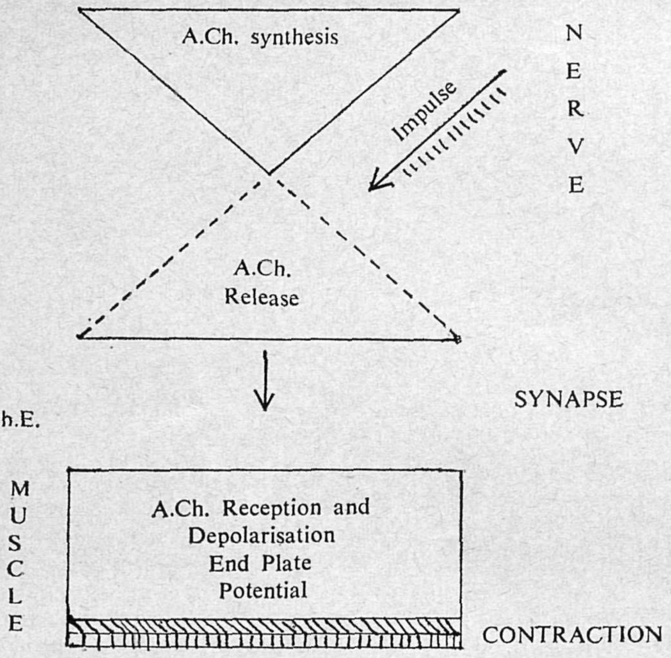

FIG. 2

thymus during early life. Animal experiments have revealed that the thymus can activate cells, preformed elsewhere, to become competent antibody producers. The thymus also produces a diffusable substance which acts as humoral agent in antibody formation against antigen. (Small, Training, 1967).(18) The histological appearance of the thymus in Myasthenia Gravis supports the theory of an autoimmune disease. The prominent features are the presence of lymphoid nodules with conspicuous germinal centres.

TREATMENT

The medical treatment consists of cholinergic drugs usually prostigmine or Mestinon (Pyridiostigmine bromide) in dosage sufficient to relieve symptoms without producing untoward side effects. Other drugs such as mytelase (Winthrop. Inc.) and the B.C. compounds (Oesterreichische Stickstoffwerke, Linz, Austria) the latter introduced by me into the United States in 1958, need expert supervision.

Surgical treatment consists of thymectomy. A comparison has been made between medical and surgical methods of treatment in a large series (Windsley, 1959)(13) and the conclusion was that thymectomy may not always be necessary, many of the cases improving with medical treatment alone.

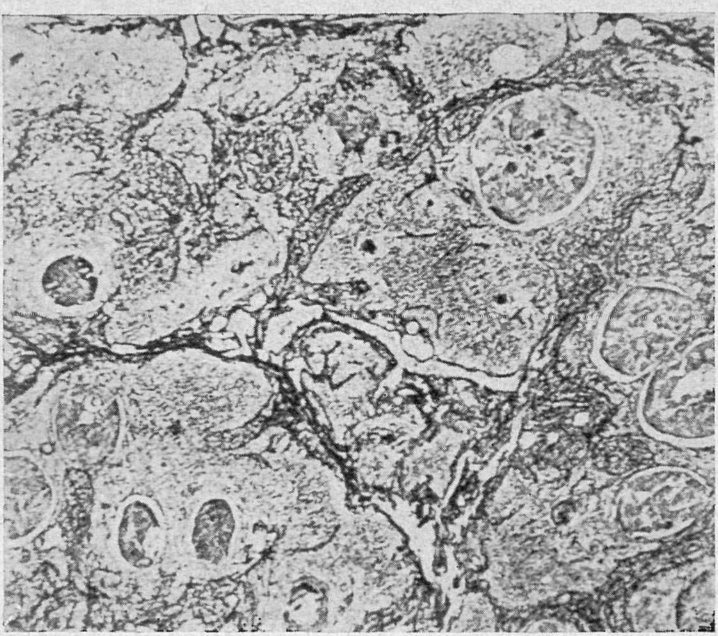

FIG. 3

THYMUS—RETICULIN PATTERN IN MYASTHENIA GRAVIS
Low power view demonstrating the increased amount of reticulin in the medulla, and intermedullary areas. Note the extremely large cystic Hassall's corpuscles. Female child, 11 years, Gordon & Sweet, × 64, from Myasthenia Gravis (Raymond Greene), 1969.
William Heinemann, Medical Books, Ltd., London.

SUMMARY

A case of Thyrotoxicosis with secondary myasthenia is described. Myasthenia gravis is reviewed, classified and its treatment discussed.

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I acknowledge all the helpful suggestions and criticisms given to me by Dr. Maurice Sutton, in preparation of this paper.

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City University of New York, New York City, N.Y., U.S.A., 1955-1958.

TWO ATTEMPTS AT PANCREATIC TRANSPLANT

by

Derek Stubbs

In 1921, Banting and Best, at Toronto University, prepared the first useful preparation of pancreatic extract which treated diabetes mellitus. There are diabetics still alive and well today who started using insulin from some of the very first preparations at Toronto. Unfortunately, a fraction of patients may still suffer some of the long term effects of diabetes, and even the most intelligent patient with his insulin, urine testing kit and diet sheet cannot respond to the hour-to-hour subtle nuances in blood sugar as well as the healthy functioning pancreas can.

It was with these facts in mind that Dr. R. C. Lillehei of the University of Minnesota recently decided to transplant a human pancreas to patients with juvenile onset diabetes. Six of his seven patients have died after varying intervals up to 166 days. However, he feels that the pancreatic transplants were successful and optimistically says, "I believe that within five years, the pancreatic operation (for juvenile onset diabetes) will be one of the most frequently performed organ transplantations." Things have not changed much, since much the same was said by a British physician 70 years ago after two different pancreatic grafts. In these cases though, at that time, the situation was more desperate. The stories are interesting medical history when seen against the background of the progress of medicine in diabetes.

As early as 1500 B.C. the Egyptian Ebers Papyrus describes patients who passed much urine and their treatment by various ritualistically prepared earth, grain, grit, and lead mixtures. It waited until the reign of Charles II for the English physician Thomas Willis to discover that the urine of diabetics was sweet with sugar. He did this by the expedient method of tasting it. The first modern discovery came out of a debate between the German physicians Minkowski and Von Mering when they discovered that a dog which had its pancreas removed promptly developed diabetes. Following on this discovery Eugene Opie of Johns Hopkins University found that the Islets of Langerhans in the pancreas were shrunken in some diabetic patients. The concept of "hormones" or internal secretions was now popular and the stage was set for the British physiologist, Sir Edward Sharpey-Schafer, to make a prophetic postulation in 1916: that the Islets of Langerhans secrete a hormone which he called "Insuline". The absence of "insuline" caused diabetes mellitus. The "e" of "insuline" was the only thing that was changed. Throughout the first two decades of this century many groups attempted unsuccessfully to prepare a therapeutically useful preparation from the pancreas and luck came to Banting and Best in 1921. At the time, Charles Best was still a student.

Before the availability of insulin preparations the outlook for patients with juvenile diabetes was very bleak. The prognosis was in terms of months, or at the most a few years. Desperate measures were tried as the following two cases illustrate.

At the end of July, 1893 a boy of 15 was admitted to the Bristol Royal Infirmary under the care of Dr. P. Watson Williams. The boy weighed less than 6 stone, and was drinking 7 pints of water a day and promptly passing it as urine with about 7 per cent glucose present. He was now extremely ill but had been in good health only three weeks previously. Following the evidence of Minkowski's experiments, Dr. Williams administered several varieties of pancreatic preparations both orally and subcutaneously. He even sent to Paris for some of his extracts. However, the boy's condition changed little and he was given more and more codeine and later morphine. Dr. Williams felt that pancreatic extract had been given a fair trial but was doing no good. For reasons which he does not explain he then decided to inject subcutaneously the semen of a young bull (from Paris again). This caused a slight reduction in the urine sugar but the boy again relapsed severely so that on 20th December Dr. Williams and Mr. Harsant, his surgical colleague, decided to graft three lumps of sheep's pancreas into the subcutaneous tissues of the boy's chest and abdomen. The sheep can only have been dead 10 minutes by the time the grafts were in place. The wounds appeared to heal but the boy passed into a coma and died three days later. At autopsy the skin wounds had healed but the grafts had not united with their surrounding tissues. The boy's pancreas was almost non-existent and was just shrivelled fibrous tissue. Dr. Williams felt that he would repeat such an operation with confidence but that failure in this case was due to the poor state of the patient's health and that the time taken to transfer the graft should be reduced.

Some 10 years later, in February 1903, the *British Medical Journal* published a cri de coeur letter from a Dr. James Allen of the Glasgow Royal Infirmary who had a young male patient with severe diabetes "not responding to medicines or dieting". Dr. Allen begged readers for information on human pancreatic grafts since by now Minkowski had shown that a dog with a pancreatic graft would not develop diabetes if its own pancreas was subsequently removed. Dr. Allen had heard of thyroid implants for cretin children and was willing even to try adrenal transplants in Addisons disease if it had not been done. The situation was desperate; the patient was passing as much as 12 pints of urine a day with nearly nine per cent sugar. On 28th February he decided to attempt a transplant with the help of his surgical colleague Dr. Barlow. Although he wanted a sheep pancreas "this was deemed impracticable" so a cat's was used. He does not give operative details but it seems that the cat's pancreas was transferred fairly rapidly and put under the skin in the loin. Technically the operation was not a success because within a week the pancreas "died and sloughed out", presumably due to the absence of a blood supply although had there been an attempt at vascularisation (as in the modern operation) there would have undoubtedly been rejection of the graft. The patient's condition got steadily worse, although at one time he got up a little, and he died in a diabetic coma a fortnight after the operation. At autopsy this patient's pancreas was apparently healthy.

Dr. Allen's setback did not stop him being optimistic about the effect of such procedures like Dr. Williams before him and Dr. Lillehei after him. For this, Dr. Allen received a sharp rebuff from a writer to the *British Medical Journal* who said that transplantation of organs was doomed to failure. Just three years later Dr. Eduard Zirm of Olmutz performed the first successful transplant in medical history of a foreign organ: the cornea.

Acknowledgements

I wish to thank the staff of the Will's Library for their assistance.

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NURSING SECTION

SALARIES AND STATUS

In a Contemplative Fashion,
And a tranquil frame of mind
Free from every kind of passion,
Some Solution let us find.

W. S. Gilbert.

The Nursing Profession has recently been offered the pay rise for which they have been "Raising the Roof".

The minds of Politicians being what they are, it would have been unnatural for nurses to hope that the whole claim would be granted. However, all things considered, one can only concede that they have not been ungenerous in offering a maximum Ward Sister's Salary of only £16 per annum below that which was requested. It might have been a great deal worse. No doubt our illustrious Minister was considering his own future when contemplating this action. In view of his recent comments regarding Private Treatment, he will presumably feel obliged to enter hospital under the auspices of the National Health Service if and when he is next taken ill! He doubtless feels that a few nurses in attendance would be desirable in the event of misfortune befalling him!

Even with an increase in salary, however, those working in areas with Salmon grading at the level of Number 10, will still be receiving something in the region of £6,000 less than those in comparable positions in Industry. Surely it is at the more senior levels that the greatest increases are needed. Most people will accept a state of impecunity whilst in training if the later rewards are worthwhile.

Then there is the Ward Sister. It is generally accepted that nobody is expected to wish to remain in this grade for longer than two years, but there are those amongst us who are idiotic enough to actually desire to care for patients! It is complete nonsense to have increments ranging over only seven years. The teachers have a system covering fourteen years which is considerably more realistic. Bland comments are made about Sisters being the backbone of the hospital Service, but it is at this stage that they are forgotten. There surely should be a greater incentive for people to remain at this level. The general consensus of present opinion is that one of the greatest deficiencies nowadays is the Ward Sister of long standing. Rapidly declining are the numbers of experienced people who know what the Consultants wish for their patients and are able to pass this knowledge on to their Staff Nurses and also House Officers.

Is it also not time that the Medical Fraternity gave support to their colleagues? If, of course, they consider the issue to be of any importance.

Having set forth these hypotheses, what of the solution? This is surely quite clear. The Ward Sister should be given much more recognition, both financially and otherwise. Although her power-seeking colleagues have a wider and more general responsibility, their decisions are not those which possibly may affect a patient's life. There should surely be a much larger scale of salary increments, which puts the most senior people on the same level as their administrative and teaching colleagues. Added to this, these people should be given facilities to attend courses of education, and the completion of each should give access to a higher grade. These courses should be designed to give insight into other facets of life, quite divorced from the insular environment of a hospital. Nothing is more enlightening than such an experience, nor so refreshing. Finally, it should be insisted that no person be allowed to spend their whole career in one hospital.

If a system incorporating some of these suggestions were adopted, we would surely have, in the nursing profession, people with even greater experience upon which to draw and who would be more worthy of adequate recognition.

OBITUARIES

HARVEY HARDING KENSHOLE, D.S.O., T.D., J.P., M.R.C.S., L.R.C.P., F.D.S.R.C.S.

H. H. Kenshole, Consultant Dental Surgeon Emeritus, died on 27th December, 1969, aged 63.

While a student he won the Newland Gold Medal and after qualifying dentally in 1927 and medically in 1929, he held various junior appointments. He became Assistant Dental Surgeon to Bart's for a few years immediately before the war, but returned to Guy's as Assistant Dental Surgeon after service in the R.A.M.C. A sound clinician and eloquent teacher, he showed great drive in all his activities. He subsequently acquired a knowledge of Law and at the age of 48 retired from the active staff to become Coroner of Metropolitan Essex (later designated Eastern District, Greater London) a position he held until the end. He was made a J.P. in 1961. One felt his public work, which gained wide respect, was a source of personal fulfilment.

During the war he was Field Ambulance Commander and Senior M.O. to the Guards Brigade and served with the 8th Army in North Africa, at the Anzio beach-head (where he gained the D.S.O.) and through the Italian campaign. With the rank of Colonel he was A.D.M.S. British Increment of the 5th (American) Army and was decorated with the American Bronze Star. Later he was A.D.M.S. Northern Italy, Milan Area.

Following a severe operation in 1968 he showed magnificent disregard for the consequences and faced with characteristic eagerness. A warm and understanding nature brought him friends in many walks of life. Our sympathy goes out to his wife (ex-Guy's sister Ada Matthews) and his two children.

R.E.R.

Dr. Felix Raoul Leblanc

Dr. Felix Raoul Leblanc died on 26th November, 1969.

He was an Entrance Scholar at the Royal College, Mauritius and came to Guy's in 1912 with the Open Scholarship in Arts. In 1915, he was awarded a Junior Proficiency Prize but his clinical studies were interrupted by service in the R.A.M.C. from 1916-1920 and he completed the London M.B., B.S. in 1922. After a House Surgeon appointment at Guy's he was Clinical Assistant to the Skin Department at the Evelina Hospital and in World War II he was in charge of the V.D. Department of a Military Hospital in the Middle East.

Kathleen Mary Rusby

Many friends at Guy's and elsewhere were saddened by the death of "Mollie" Rusby on January 28th, 1970. When she retired eighteen months ago, tribute was paid to her professional career, and mention made of her tireless care for patients, even during the difficult war years in evacuation, and her genuine concern for her staff and students in her many years in the Radiotherapy Department. It was good that for a short while Mollie Rusby was able to enjoy her retirement in Sussex, living near dearly-loved friends, and taking an active part in the life of the local Catholic Church.

She has left people who are glad they knew her as a friend.

Mrs. Iris Neill

Mrs. Neill died on 20th January, 1970 after a long and painful illness which was borne with the greatest courage and fortitude.

As Miss Jordan, she came to Guy's in 1938 as a member of the staff in "the Office". At the outset of the war she left Guy's to join the W.R.N.S. and served in the Orkneys until she was demobilised with the rank of 3rd Officer.

Coming back to Guy's she was appointed secretary to the Sub-Dean of the Dental School. She filled this post as my secretary with enthusiasm and efficiency and won the affection and regard of the members of the Staff and of the students, particularly those ex-service students who were studying dental surgery.

In 1952 she married a newly-qualified Guy's man, Derrick Neill, who is now Professor of Dental Prosthetics at Guy's and Sub-Dean of Dental Studies. In 1959 she resigned her appointment.

Mrs. Neill and her husband were hosts on many occasions to Guy's men and women whose pleasure it was to visit them at their delightful home in Sevenoaks. They have two children—a boy and a girl.

Mrs. Neill will be remembered by everybody as a women with charm, kindness and personality—she will be sadly missed by us all.

F.S.W.

NOTICES

Annual Clinical Meeting, 7th March, 1970

Abbreviated Programme

Morning Session (10 a.m.—12 noon)

ANATOMY LECTURE THEATRE, MEDICAL SCHOOL

11.45 a.m. Lecture: Pigmentation of the Oral Mucosa. Professor Sir Robert Bradlaw.

THEATRES Nos. 5 and 7 (FIRST FLOOR, NEW GUY'S HOUSE)

Operations commencing at 10.00 a.m.

GENERAL ANAESTHETIC EXTRACTION ROOM (FIRST FLOOR, OUT-PATIENT DEPARTMENT)

10.00 a.m. Demonstration of Third Molar Removal under short General Anaesthesia. Mr. A. R. F. Thompson. Anaesthetist: Dr. J. Hellewell.

There will be DEMONSTRATIONS AND DISPLAYS in all the Departments of the School.

Afternoon Session (2 p.m.—4 p.m.)

DENTAL LECTURE THEATRE

2.15 p.m. Lecture: Cases you have sent. Professor R. A. Cawson.

There will be DEMONSTRATIONS AND DISPLAYS in all the Departments of the School.

TEA will be served in the Cafeteria, East Wing, Guy's House, at 3.30 p.m.

Programmes giving full details will be available at the Clinical Meeting.

Annual General Meeting of the Music Club

The Annual General Meeting of the Music Club will be held on Tuesday, 17th February, at 5.15 p.m., on the East Wing Dance Floor.

The meeting will receive a report of last year's activities and must then elect a committee to execute the plans for the coming year. No member of the hospital can have failed to notice the increased and widely varied musical activity during recent months, and it is our hope that all those interested will attend, and voice an opinion as to the direction in which our energies should be channelled in the future.

Tea will be served before the meeting.

Pupils' Physical Society

LAIDLAW PRIZE MEETING

The Laidlaw Prize meeting this year will be held in May. The prize is awarded to the student who reads the best short paper on any topic of medical, clinical or pathological interest at this meeting.

Each paper should last no longer than 20 minutes, and in judging, attention will be paid to presentation as well as to content.

Anyone intending to submit a paper should notify the Secretary, who will be pleased to help with any enquiries concerning this meeting.

T. Pickup (Secretary).

CORRESPONDENCE

Battered Brains ?

SIR,—*Would it be fair to say that the principal aim in boxing is so to damage your opponent's brain that he is rendered unconscious?*

Yours faithfully,

B. A. TUDGAY.

Belmont Surgery,
Wadhurst, Sussex.

Melody Meadow

SIR,—Here's a topical item for Residents' Play Week. "Night Time in Bermondsey", a song written by Dr. Roy Meadow for the 1961 Play is included on a long-playing record to be released this month. The song, which has become a traditional part of Guy's Christmas Shows, has been recorded by Nadia Cattouse for her latest album.

Dr. Meadow, who has recently been appointed to a job in Leeds, says that "If 'Night Time in Bermondsey' doesn't reach the Top Twenty, then I'll try again and write one called 'Lunch Time in Leeds'."

Yours faithfully,

V. J. DAVIES.

c/o The Front Lodge,
Guy's Hospital,
London, S.E.1.

With Thanks

SIR,—May I, through the courtesy of your columns, express my sincere thanks to so many of my friends at Guy's who so generously contributed towards my retirement presents.

Yours faithfully,

AGNES E. CLARK.

Department of Clinical Pathology,
Guy's Hospital, London, S.E.1.

Naming the Tower Block

SIR,—Proposals given recent publicity in the *Gazette* provide some evidence that the expectation of devising a name acceptable to those entitled to an opinion, may prove illusory. What seems beyond argument is that this 30-storey building, and the structures at its base, will together remain the dominant physical feature of the reconstructed hospital. This fact alone pleads that the Tower has the stronger title to the unexceptionable name which has unfortunately already been given to the new surgical building which can, however, now be considered part of the Tower.

If a transfer of name at this late stage does not entail problems which defy resolution, I see much that is good in having the obviously older and the obviously new St. Thomas Street frontages alongside each other, and both commemorating the one name which may be thought to be the most deserving and the least controversial.

I am, sir,

Yours faithfully,

I. ORDE,

Archivist.

Counting House,
Guy's Hospital, London, S.E.1.

SIR,—May I suggest a name for the New Building—BROCK HOUSE. Lord Brock, one of the pioneers of Heart and Thoracic Surgery, a household name among us and known not only in this country, but many places abroad, a fitting tribute to add to the great names of famous men associated with Guy's Hospital.

Yours faithfully,

JANET M. JAMES.

The Timbers,
Church Hill,
Nutfield, Surrey.

Springboks—Postscript

SIR,—Whilst Mr. Stalford's views on the Springboks' tour are highly moral, not to say fashionable, his attitude towards the Rhodesian debacle seems to imply a capacity for Machiavellian subtlety on the part of the current Government instead of bumbling ineptitude, so we can assume that we at home are in disgrace, too. In any event, the additional facts he adduces are incorrect, our failure at Suez was a failure of nerve, as we had already then lost our sense of national identity, or at least our will to preserve it, and the Americans, who have never really liked us since the days of George III, took the opportunity to break the British power in the Near East for good. The mantle of Elijah then fell on Elishah as far as western world power was concerned, and the fact the mantle turned out to be a hair skirt is one of those strange ironies of fate with which historians, not bemused by cloudy views on "world opinion", are fully familiar. Had the U.S.A. brought the Vietnam war to an early and successful conclusion, thus stabilising a whole arc in South East Asia, world opinion (whatever that is) would have praised her, but it has not, and she is now paying the penalty of failure.

Nothing succeeds like success is a truism, and the reverse is also true, so can we hope these "world opinion" moralists will now turn their attention to the unhappy state of the voiceless millions in Communist countries, whose Governments actively oppose and obstruct the conduct of our own affairs, unlike South Africa, who is purely concerned with dealing with her own.

Yours faithfully,

ROBERT CUTLER.

8, Lower Sloane Street, S.W.1.

MOTOR MEDICA

by Harry Scott, L.D.S.

Austin Healey Sprite

Mitte. Small two-seater sports car, well finished, good weather protection, fine handling and road holding, adequate performance, some vintage characteristics, 1275 c.c. 65 b.h.p., 0-60 13.3 secs., 95 m.p.h., 40 m.p.g., £818.

The 1970 Sprite (M.G. Midget is identical except for badges) has numerous improvements including Rostyle wheels, reclining seats and matt black grill and windscreen frame making it a smart little car.

Beneath the bonnet the engine and its ancillaries are readily accessible as are spare wheel and tool-kit in the boot, although they occupy a large proportion of it, there is reasonable space for soft luggage. Both bonnet and boot have to be propped open.

Interior finish is excellent with thick carpeting and PVC trim carried to the top of the doors, which have quarter-lights and winding windows. The reclining seats are large and comfortable but, with the seat in its rearmost position there is no room to recline it, making this feature useful only to those under 5ft. 8in. or so.

Easily read instruments (speedometer and tachometer inclined towards the driver) and nicely acting switches occupy the handsome black fascia and there is a shelf in front of the passenger. The pedals are ideally placed for heel and toe operation, the gear-lever falls readily to hand and the efficient handbrake is situated on the passenger side of the transmission tunnel, which can be embarrassing or useful depending on the circumstances.

The heater works well but doors in the foot wells have to be closed to redirect air for demisting. Reversing lights are standard and the one-piece hood folds easily and can be erected quickly, from inside the car, at a pinch.

Ingress is easy for a small sports car but it is not to be recommended for the corpulent. (Don't put your foot on the cross-member, slide it into the tunnel.) Driving position is good except for the tall, who are too close to the wheel, although legroom is excellent. The leather-covered wheel is nice to hold and on the road this rack and pinion steering requires very light pressure, like a bicycle, but there is a good deal of kick-back over uneven surfaces.

The gearbox has light, positive movement, and this, coupled with the willingness of the engine to rev. and the smooth clutch, makes gear-changing most satisfying. First is unsynchronized but easy to engage by double declutching and never baulks fro mrest. The gearbox is noisy in lower gears but silent in top, the engine is obtrusive when revving hard but this is a sports car, these noises are acceptable, in fact part of the character of the beast.

Road holding and handling are excellent, the Sprite feeling stable and controllable except on rough surfaces when the solid rear axle jumps about a bit. On winding roads and particularly hairpins this car is a joy! The light, accurate steering, good road holding (on Pirelli Cinturatos incidentally) and adequate power make it eminently "chuckable".

The handbrake holds well on hills, restarting is easy, the Sprite accelerating smoothly away. The brakes have no servo, consequently pedal pressures are rather high but they work well at all times with no sign of fade.

At the beginning I mentioned vintage characteristics and I don't intend this entirely as a criticism. The hard ride and shocks through the steering wheel at least mean flat cornering and superbly accurate steering.

The Sprite may be a little difficult to get in, somewhat spine jarring and deafening when you are on 9/10 or even 9½ on the rough stuff but, for the price it is enormous fun—very healthy and a great morale booster whether you are young for the first or the second time round!

BOOK REVIEWS

ESSENTIALS OF PERIODONTOLOGY AND PERIODONTICS.

I. T. Macphee and G. Cowley. Oxford and Edinburgh. Blackwell. pp. 226. Price £4 15s. 0d.

This recently published volume is indeed a welcome addition to the British Literature.

It comprises of thirteen well-written chapters dealing with all aspects of the subject, and is profusely illustrated with line diagrams, high grade photo micrographs and clinical photographs. Chapter subjects include coverage of the structure and function of the periodontium. The pathology and aetiology of periodontal disease, systematic factor influencing the response to local irritants.

Clinical aspects of periodontal diseases include a classification—which undergraduates will find of patients' value—principles of treatment, oral hygiene, acute and chronic inflammation processes, and treatment procedures. The surgical techniques are particularly well described and illustrated.

This book, priced at 95s., can be recommended without reserve to both practitioners and undergraduates, and there is no doubt with the growing appreciation of the scope and importance of periodontology, both within the profession and by the public, it will be a great success.

The general layout and presentation of the volume is in keeping with the high standards of Blackwell Scientific Publications.

M. N. NAYLOR.

THE LONGEST ART.

Kenneth Lane. George Allen and Unwin. 30s.

Dr. Lane has been in general practice for over twenty years. He uses case histories and the story of a particular family to illustrate the wide range of problems dealt with by a family doctor, and the importance of emotional and environmental factors in their causation.

He gives his views on hospital beds for general practitioners, certification, abortion, contraception, prescribing and other problems closely allied to his own work.

He also deals with emigration, screening and research, and gives opinions, but conveys few facts.

On his home ground, the author is readable with a clear, imputed message, and for this reason, students who are interested in general practice, may find it useful to compare what they read in this book with their own experience in family medicine.

C.S.

MODERN TRENDS IN OBSTETRICS 4.

Edited by R. J. Kellar. Butterworths. 370 pp. Price 75s.

Volume 3 in this series appeared in 1963. The present edition is longer, and the editor has chosen a completely new set of topics, while the authors of each essay are recognized experts on their subject.

This volume is easy to read, the illustrations are good, and there are useful lists of references at the end of each chapter. Modern trends should be read by all candidates for higher qualifications in obstetrics, but is too advanced for the average medical student.

However, I would mention the chapters on the cytology of pregnancy by E. G. Wachtel, Rhesus Isoimmunization by J. G. Robertson and Fetal Distress —some biochemical considerations by R. W. Beard and E. D. Morris, as valuable reading for the undergraduate. Dr. Wachtel gives a clear account of smear-taking techniques. Mr. J. G. Robertson deals with the development of Rh immunization, its prevention, diagnosis and management in a way which should make the subject clear to anyone meeting it for the first time. Both these chapters are recommended to the undergraduate student and will be worth the short time it takes to read them. Mr. R. W. Beard and Mr. E. D. Morris deal with the theory behind the introduction of fetal blood sampling and the indications for this investigation. While the biochemistry is more than the undergraduate requires, the keen student will be able to obtain information on a subject he is seeing used in practice and on which, as yet, there is little information in the standard textbooks.

T. G. NASH.

MODERN TRENDS IN GYNAECOLOGY 4.

Edited by R. J. Kellar. Butterworths. 274 pp. Price 64s.

The last volume in this series appeared in 1963. With one exception, the authors in this edition are all new, and it is slightly longer than the previous one. There are further chapters on urinary incontinence and chorioncarcinoma, while ovarian steroidogenesis is again adequately dealt with. Most of the material in this volume is for the post-graduate student and will be read by all candidates for higher examinations. Professor Robson, in his chapter on Anti-Fertility Drugs, gives a very clear account of the hormonic control of the menstrual cycle and early pregnancy, which the undergraduate would profit by reading. The chapter on Intra-uterine Contraceptive Devices deals with a subject that is lacking in most textbooks. Both this and Professor Shearman's essay on induction of ovulation should be read by the student who is more interested in gynaecology, than just learning sufficient to pass the qualifying examinations.

Like its companion volume on obstetrics, this book is well produced with clear print, good illustrations and useful lists of references at the end of each chapter. Both volumes should be in the library of an undergraduate teaching hospital, although it is unlikely that the student would wish to obtain them for himself.

T. G. NASH.

SPORT

SPORTS COMMENT

WHERE HAVE ALL THE SPECTATORS GONE ?

Saturday afternoon, a blustery, but chilling wind blew across the rugby pitches at Honor Oak Park, driving a small but resolute group of spectators to huddle closer together in the stand. These stalwarts supporting Guy's rugby XV, many of whom have not kicked a rugby ball for years, were mainly Guy's staff. Amongst them, conspicuous by their small numbers, were less than ten medical students and a few nurses. Admittedly, many of Guy's rugby enthusiasts were unable to be present. They were gallantly playing the noble game on the quagmires of South East England. But one may ask, where are the patriotic Guy's students who are proud of the Hospital?

This particular Saturday, Guy's were playing Coventry, one of the best rugby clubs in England, who were guests at H.O.P. At the price of a pint of beer, one could gain admission to the ground, but even at this cheap price, a first-class rugby game failed to attract any crowds. Coventry had paid Guy's an enormous compliment by bringing a strong team to London, including Duckham in their side, who is probably Britain's finest centre. However, Guy's was unable to return the compliment by at least turning out a respectable number of spectators. It is unlikely Coventry ever play at home before less than five hundred supporters.

The only explanation of this phenomenon is that the Guy's student and staff bodies are losing their sense of perspective. One can only guess, but it seems certain that any other University College would turn out hundreds of spectators if any of their sports teams reached the class of Guy's Rugby XV. We should make no mistake when our sports teams take to the field, they represent Guy's as a whole, not only their individual sides. This is because, although the medical wonders performed at Guy's maintain the hospital's great stature, its sporting tradition plays no lesser part in publicising its name. It seems, over the years, sporting success and fame have made Guy's complacent. We need, as a whole, to identify ourselves with Guy's sporting endeavour, make our teams realise they are playing for Guy's as a whole.

Let us take pride in these sports teams, their activities may be far from those aesthetic pleasures of the new brand of Guy's student. They are, however, dedicated and tenacious in their pursuits, and such qualities, after all, probably the most important in medicine and dentistry.

RUGBY

THE EXTRA-"A" XV.

This team essentially represents the Colts' team of before Christmas minus a couple of the original players who are now in the 2nd XV. Following a rousing beginning to the Spring term, with two wins, one of which was against Rochester "A" XV, the team depleted by "Spring-time illness", lost against the Met. Police "A" XV and Goldsmiths' 1st XV. Both the latter teams were very strong, particularly in the forwards, and unfortunately, our powerful second rows were unable to play. However, after some re-thinking, the team has recovered by having two satisfactory wins against Staines' Ex-1st and St. Francis 1st XV.

As can be seen from the opposing teams, Guy's Ex-"A" is now playing a very strong fixture list. The opponents are the 1st and 2nd teams of the smaller club sides, and are usually quite tough and big as teams go. Against this, the players still continue to show the potential which in the next few years may be of great assistance to the Rugby Club, particularly as so many established players are leaving.

Certain names will probably be in the team's lists of the 1st and 2nd XV's in the next few seasons: N. Byrom, P. Hutton, D. Oram, J. Ramsey, I. Dutton, C. Langdon, all playing quite brilliant rugby. The team as a whole, is good, and it is to be hoped as a unit it will maintain its fine record: 15 wins, 4 losses, 1 draw.

T.H.

GUY'S ANGELS v. ROCHESTER OLD HOLCOMBEIANS

The Angels travelled to Rochester fully confident of repeating last season's 40—0 victory. So confident were they, that several players seemed keen to start when only nine of the team had arrived (3.45 p.m.). However, the game started with both teams having about fifteen men at 4.0 p.m., only an hour late. After about ten minutes, Rochester were 6—0 in the lead, and the Angels were suffering from severe shock and apathy. Nothing else of any interest or significance happened in the first half, although a black dog which had kindly turned up to support us with its owner, seemed to be enjoying the game.

At half-time it was realised that considerable more effort was going to be needed if ignominious defeat was to be avoided and the team began to play with much more enthusiasm. The Angels dominated the second half, winning most of the possession and being thwarted just short of the line by good tackling on many occasions. Then came a moment of glory for the Angels and especially Dave Arnold who, receiving the ball outside the Rochester '25, ran about 15 yards before arriving back where he started and then dropped a remarkably good goal. (Arnold later missed a penalty from 20 yards out in front of the post and has since been transferred at his own request to the Extra "A" team). This was followed by a characteristic try by the Angels answer to Gareth Edwards—Marc Evans, who burrowed his way through several tackles to score. The try was not converted. The rest of the game showed the Angels pressing the Rochester line in search of the winning try which unfortunately was not forthcoming, so the game ended in a 6—6 draw—a rather disappointing result but I doubt whether any sleepless nights were spent over it, as both the food and drink after the game were plentiful and this after all is the essence of a good afternoon.

Team: R. Hartley, K. Malia, D. Arnold, G. Dunbar, J. Handley, I. Robinson, M. Evans, R. Burn-Murdock, M. Hawkins, C. Lacey, F. Haines (Capt.), D. Carmichael, M. Roberts, J. Cope, N. Tarbet.

M.J.H.

SPIROCHAETES v. PUSSDOGS

Sunday, 25th January.

Result: Lost 7—0.

The first Spirochaetes' game of the new decade was yet another gallant defeat. The game was played on the superb turf of the Hawks' Hockey Club, which proved to be altogether too fast for our standard of play.

Soon after the bully-off, the Pussdogs were on the attack, and it was not long before one of their forwards who admitted loudly that he was five yards offside, put the ball past an astonished Bruce Mathlone, who had volunteered to play in goal.

This was the first of three goals which were somewhat suspect, but the rather ancient umpire had no hesitation in awarding them. By half-time we were 5—0 down, but with some really determined play by the forwards, we only conceded another two goals in the second half.

At the final whistle it was as much as some people could do to walk off the field; the two inside forwards now know how it feels to be a forward. Unfortunately the opposition left rather early, and it was left to the Spirochaetes to prop up the bar, which was done very successfully. Being made very unwelcome by the Hawks and a long drive back to the King's Head, curtailed what was fast developing into an enjoyable evening.

Team: Mathlone, Averill, Gillham; Mathews, Martindale, Smith; Cottingham, Crofts, Walker, Vellacott, Toplis.

J.W.T.

BOXING

On Wednesday, the 28th January, T. Reynolds and P. Murdoch, of the Guy's Boxing Club, boxed on the Oxford and Bermondsey Club Show at Bermondsey Baths.

The first contest of the evening was between T. Reynolds and C. Honess, of St. Mary's Boxing Club. The first round saw both boxers studying the others' tactics and it proceeded quietly. During the second, Reynolds began to get on top, hitting Honess with short left jabs to the head and body. Honess entered the third in a more aggressive mood and forced the pace, producing lefts and rights from both boxers. However, towards the end, Reynolds proved to be the fitter and he undoubtedly won this round. He gained a unanimous decision and was presented with a statuette by Ronnie Corbett for his trouble.

Later in the evening, P. Murdoch was matched with P. Chambers, of Dartford Boxing Club. Their contest was a duel between Murdoch's long straight rights and the rushing tactics of the much shorter stockier Chambers. Murdoch's awkward southpaw style seemed to mystify his opponent during the first round, which he dictated. However, Chambers overcame his reach disadvantage in the second by just rushing at Murdoch attempting to get below his guard and scoring quite well to the body. He didn't get it all his own way as Murdoch's counter punching was very effective. The third round was Murdoch's, and deservedly so, as he put everything into the attack, throwing punch after punch, many of which were scoring. The contest was extremely close and there were a good many expressions of surprise from the audience when it was announced that Chambers had won by a majority decision.

On the Friday, Reynolds boxed again at the Royal Garden Hotel, Kensington. He appeared by invitation from the Lynn Club officials on a dinner, dance and boxing evening. His contest was against J. Simms, of the Lynn, who he beat, having gained a unanimous verdict. The contest was notable for heavy punching from both boxers, and it was surprising that there was only one knockdown, as at various stages both boys seemed a little dazed. Reynolds produced the knockdown in the third round with a well-timed right cross but it only kept Simms down for the count of six. However, it served to slow him down considerably for the remainder of the round.

The next Guy's match will be away at St. Pancras Club Show, when we hope to have five boxers competing. This will take place on the 16th February and serve as a good warm-up for our own show on the 25th of the same month. It is hoped that we shall receive the same enthusiastic support that was evident at our show last term.

R. HERBERT.

EDITORS' APOLOGY

It is hoped that interested readers will forgive the *Gazette* for not having any mention of the last two Guy's XV rugby games. All that can be said in defence is that it is like getting blood from a stone when one tries to persuade the players and their followers to write reports.

SPECTATORS WANTED

The 1st XV will be playing St. Vincents, Dublin, at the Old Askeans' ground on Friday, 13th February, by floodlight. Kick-off at 7.30 p.m. Venue, 60a, Broad Walk, Kidbrooke, S.E.3.

Medical Protection Society

Assets Exceed £500,000. Founded 1892.

" The first thing we do,
lets kill all the lawyers "

Shakespeare : King Henry VI Part II.

But killing lawyers is illegal. Some 50,000 doctors and dentists prefer to enjoy complete immunity from litigious patients through membership of the MEDICAL PROTECTION SOCIETY. Benefits include unlimited indemnity against costs and damages arising out of allegations of professional negligence.

All doctors working in N.H.S. hospitals are required to belong to a recognised protection organisation. This includes pre-registration appointments.

Students may arrange to join before qualifying at a reduced subscription of £2 0s. 0d. This may be paid up to three months *after* **qualifying, although full cover is automatic from the date of provisional registration.**

Full details from :

The Secretary, H. A. Constable, M.R.C.S., L.R.C.P.,
Medical Protection Society, 50, Hallam Street, London, W.1.

HOSPITAL INFORMATION

GUY'S HOSPITAL

Applications are invited for the appointment of **Junior Surgical Registrar** (S.H.O. Grade) for the period 1st March to 30th September, 1970. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, not later than **20th February, 1970.**

GUY'S HOSPITAL
HOUSE APPOINTMENTS
MARCH 1st, 1970

House Physicians

Dr. Mann, Dr. Scott and Dr. Clark	Mr. R. P. Dunnill 3 *months* Mr. D. R. Elliott 6 *months*
Dr. Hardwick, Professor Trounce, Dr. Cameron and Dr. Ogg.	Mr. A. H. Chalmers 3 *months* Mr. G. B. Hey 6 *months*
Dr. Houston, Dr. Knight, Dr. Deuchar and Dr. Grimble.	Mr. J. F. Price 3 *months* Mr. R. J. Jacoby 6 *months*
Dr. Kauntze, Dr. Joiner and Dr. Burry.	Mr. I. M. Morris 3 *months* Mr. G. M. Cochrane 6 *months*
Professor Butterfield, Dr. Lessof and Dr. Grahame.	Mr. L. J. Turner 3 *months* Mr. C. R. A. Clarke 6 *months*

House Surgeons

Professor Sir Hedley Atkins	Mr. N. K. Griffin 3 *months*
Mr. Wass	Mr. P. J. Davenport 3 *months*
Mr. Blackburn	Mr. P. G. P. Lawler 6 *months*
Mr. Lawrie	Mrs. A. Soul 3 *months*
Mr. Glover	Mr. J. D. Osborn 3 *months*
Mr. Beard	Mr. W. H. Franklin 6 *months*
Mr. Maynard	Mr. J. B. Bingham 3 *months*
Mr. Ellis	Mr. E. J. Will 6 *months*

House Surgeon to the Breast and Plastic Surgery Units

Mr. D. S. Briggs
3 *months*

Gynaecological House Surgeon

Mr. I. V. Jones
6 *months*

Throat and Ear House Surgeons

Mr. K. R. Stewart
3 *months*
Miss C. A. McCarthy
6 *months*

Orthopaedic House Surgeons

Mr. M. J. Fortune
3 *months*
Mr. M. Horrocks
6 *months*

Genito-Urinary House Surgeon

R J. Morgan
3 *months*
Mr. P. Sweny
6 *months*

Children's House Physicians

Miss J. R. Harlock
3 *months*
Mr. N. B. M. Pereira
6 *months*

House Physician to the Radiotherapy and Endocrine Departments

Mr. I. J. Morgan
6 *months*

Casualty Officers

Mr. D. Kelleher
6 *months*
Mr. B. Pentlow
6 *months*
Mr. D. F. A. Richards
3 *months*
Mr. J. Silverton
6 *months*
Mr. J. A. Vale
3 *months*
Mr. I. V. Whitmore
6 *months*
Mr. J. Wyllie
6 *months*

Resident Obstetricians

Mr. D. J. J. Shale
3 *months*
Mr. S. C. Davoodbhoy
6 *months*

Neurological House Physician

Mr. G. D. Schott
6 *months*

Dermatological House Physician

Mr. M. V. Agrez
6 *months*

House Physician in Child Psychiatry

Mrs. J. S. Maxmin
6 *months*

House Surgeons to the Thoracic Unit

Mr. W. J. Owen
3 *months*
Mr. A. A. Strachan (S.H.O.)
6 *months*

House Physician in the Department of Psychological Medicine

Mr. S. O. Okpaku	1.10.69—31.3.70
Mr. M. Giles	1.10.69—31.3.70
Mr. S. O. Okpaku	1. 4.70—30.9.70
Miss R. Seifert	1. 4.70—30.9.70

Resident Anaesthetists

Mr. R. C. H. Taylor
3 *months*
Miss A. Moore
3 *months*
Mr. G. Corbett
6 *months*
Mr. R. S. Parsons
6 *months*

Senior House Officers to Nuffield House

Mr. A. Calin
3 *months*
Mr. J. B. Kelynack
6 *months*

Children's House Physician at Evelina Hospital

Mr. R. O. Robinson	1.10.69—31.3.70
Mr. J. R. Gibbs	1.12.69—31.5.70
Miss E. E. Fonseca	1. 2.70—31.7.70
Mrs. G. M. Baird	1. 4.70—30.9.70

Casualty Officers at Evelina Hospital

Mr. I. Peek	1.2.70—31.7.70
Mrs. A. McPherson	1.3.70—31.8.70

ST. OLAVE'S HOSPITAL

House Physicians:
Mr. D. A. G. Barford
3 *months*
Mr. P. McK. Hudson
6 *months*
House Surgeon:
Mr. F. M. C. Carter
3 *months*
Senior House Surgeon:
Miss H. Hussain
3 *months*

Gynaecological House Surgeon:
Mrs. P. V. Subramanyam
6 *months*

S.H.O. in Psychiatry:
Mr. N. Farhoumand
6 *months*

NEW CROSS HOSPITAL

House Physicians in General Medicine and Geriatrics:
Mr. D. F. Brown
3 *months*

Miss C. J. Spurlock
6 *months*

Orthopaedic House Surgeons:
Mr. A. M. B. Johnson (S.H.O.)
3 *months*

Mr. C. D. C. Tomlins
3 *months*

Senior House Officer to Rehabilitation Unit:
Mr D. D. T. Perera 1.12.69—31.5.70

BECKENHAM HOSPITAL

House Physician:
Mr. R. B. Plummer
6 *months*

House Surgeon:
Mr. D. A. Baker
6 *months*

LEWISHAM HOSPITAL

House Physician to Dr. Price:
Mr. J. N. B. Allen
3 *months*

House Surgeon to Mr. Lynn Evans.
Mr. R. J. Chiswell
3 *months*

House Physician to Dr. Roberts:
Mr. J. Woodland
3 *months*

House Surgeon to Mr. Ivo Smith:
Mr. N. J. Lattimer
3 *months*

House Surgeon to Mr. France, Mr. Bingold and Mr. Monty :
Mr. A. Jebb
6 *months*

House Physician to Dr. Llewellyn-Smith:
Appointment made by Lewisham Hospital.
6 *months*

House Surgeon to Mr. Le Brun:
Mr. J. F. Dufton
6 *months*

House Surgeon to Mr. Cavendish:
Mr. F. O. Nwator
6 *months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases:
Miss C. E. Ross
6 *months*

MILLER HOSPITAL

House Physician to Dr. Hartley and Dr. Bassadone:
Mr. E. G. Humphrey
3 *months*

Mr. A. S. Coulson
6 *months*

Mr. D. B. Silk (S.H.O.)
6 *months*

House Surgeon to Mr. Candy, Mr. Gwynne Evans and Mr. Gardiner:
Mr. P. E. Nicholls
3 *months*

House Surgeon to Mr. O'Flynn and Mr. Fyffe:
Mrs. C. B. Challacombe
3 *months*

House Surgeon to Mr. Candy, Mr. Williams and Mr. Park:
Mr. W. G. Sherwood
6 *months*

ORPINGTON HOSPITAL

House Surgeon with Physical Medicine:
Mr. N. P. Clearence
3 *months*

House Surgeon with Gynaecology:
Mr. M. N. Clark
3 *months*

House Surgeon with Orthopaedics:
Mr. N. Cavanagh
3 *months*

House Surgeon with Ophthalmology to Mr. Walker Brash and Mr. Chivers:
Mr. P. L. Amlot
6 *months*

House Physician to Dr. Southwell and Dr. Williams:
Appointment made at Orpington Hospital.
6 *months*

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson and Mr. Lavy:
Mr. A. C. L. Fraser
6 *months*

Mr. J. F. Hill
3 *months*

House Physician to Dr. Miller and Dr. King:
Mr. D. J. M. Choat
3 *months*

Mr. M. J. H. Hillier
6 *months*

ST. NICHOLAS, PLUMSTEAD

House Physician to Dr. Scott:
Mr. D. J. Lipscomb:
3 *months*

P. J. HELLIWELL,
Superintendent.

4th February, 1970.

PERSONAL

DENTAL partnership of three Guy's men require associate with a view to replace fourth partner who is leaving through illness. Full appointment book and modern surgery. Apply: L. Catchpole, 97, St. Albans Road, Watford. Tel: 24694.

HASTINGS—Young Associate/Assistant required with or without view, by three Guy's men in congenial long-established expanding five-man practice. Excellent surgery, chair-side assistant, secretary and reception, own lab. Scope for all brances of dentistry. Generous remuneration. Excellent flat available above surgeries on sea front. Box No. 1/2.

RECEPTIONIST REQUIRED—For group practice, S.E.1. Full or part-time. Tel: 237 1517.

THE "GUYOSCOPE" MAGAZINE

Mrs. E. J. Brown, of 139 Bellefield Avenue, Mondeor, Johannesburg, S. Africa, writes to say that she has for sale one copy of each of the following issues of the former Guy's Student Magazine "GUYOSCOPE" (December, 1905 and January, February, March and May, 1906). Readers who may be interested in acquiring them should communicate their offers to Mrs. Brown direct.

TO LET ON LONG LEASE—Dental surgery, excellently appointed house, Mayfair. Private practice only. Owner of house only other practitioner. Rent inclusive rates, heat, light. Kindred spirit sought! Write Box 3/2.

PERSONAL

ROCHFORD—Assistant wanted for established dental practice in Rochford (Nr. Southend) Essex. Full clinical freedom. Tel: Feeney Southend 544275.

CHANGES OF ADDRESS

As from 1st January, 1970, my **Surgery** address will be Dr. Gordon Lyle, Saltersford, 22 Park Road, Beckenham, Kent. Telephone: 01-658 1192

Dr. and Mrs. M. S. Sneary, "Silwood", 129 Pollards Hill South, Norbury, London, S.W.16.

Mr. and Mrs. J. A. Dyde are now at 5, Glenhouse Road, Eltham S.E.9 until June after which their address will be Vancouver General Hospital, Vancouver 9, British Columbia.

BIRTHS

TURLE—On 23rd November, 1969, at Torbay Hospital, Torquay, to Joanna and John Turle, L.D.S.,—a son Jonathon, a brother for Jane, Jennifer and Judith.

VERNON—On 6th January, 1970, to Barbara (née Brice) and David, a son, Richard James Henderson.

DEATHS

KANAAR—On Tuesday, 20th January, 1970, Donald Frederick Kanaar, B.Sc., M.D., M.R.C.P., of 2, South Way, Shirley, Croydon, Surrey.

THE GAZETTE OFFICE WOULD BE GRATEFUL TO RECEIVE, FROM READERS, COPIES OF "GUY'S HOSPITAL GAZETTE" DATED 26th JANUARY, 1963.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

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Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS	R. S. TROMPETER and S. M. KILPATRICK
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NURSING CORRESPONDENT	Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2129

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Mr. S. H. Wass

F.R.K. and P.J.H. write for all who knew Sam Wass when they write of a man "full of compassion and understanding". Fellow staff members, students both past and present, as well as patients will sadly miss the wise counsel that he gave so unselfishly. The hospital is richer for Mr. Wass's many contributions and we mourn the loss of a great man.

The Green Paper—1970

If the purpose of a green paper is to present a concrete, fairly detailed plan about which effective debate can centre, the Government's most recent publication is no more successful than was its first. Left unanswered by Mr. Crossman are some of the most fundamental criticisms of the first Green Paper (1968) concerning increased centralization of power, lack of specificity in describing central organizational structures, and the abolition of regional administrative and planning boards. Five lines only are devoted to the description of a "Central Advisory Council". We are given no useful information as to its structure, its specific functions, or its power. Regional offices of the central department are mentioned as a means of maintaining an effective, direct relationship with the ninety area health authorities, but what are their functions and what is their relationship to the regional health councils? The regional health councils are to be advisory in nature without statutory authority. They will be concerned with the distribution of the rarer hospital speciality services, deployment of staff, organization of post-graduate medical education, and the planning of blood transfusion and ambulance services. Without power, funding, or any control over the area health authorities, what weight will their recommendations carry and with what degree of vigour will their members work?

The Green Paper is more specific in its description of the area health authorities. They are to be responsible directly to the central government. In order to facilitate integration of medical and social services, their geographical boundaries coincide with those of the local authorities outlined in the Maud Report. A line has been drawn between the N.H. services and the environmental health and personal social services which will continue to be administered by the local authorities. Although the administrative separation of the medical profession from social services relating to their patients may be undesirable, it seems an inevitable result of the Seebohm report and may be remedied by the liaison schemes suggested by Mr. Crossman. Planning of hospital services, however, may be complicated if local authorities have not provided accommodation (e.g. for the eldery) necessary for early discharge from acute hospital beds.

More disturbing still is the proposed composition of the area health authorities : one-third elected representatives of the health professions, one-third appointed by local authority, the chairman and one-third appointed by the Secretary of State, plus a few representatives from any medical school in the area. As noted in the *Lancet* editorial (p. 341) 14th February, 1970), "The strong representation of the local authority on the area health authority does not of itself portend local participation. . . . With a third of each health authority's members appointed by the local authority, a third by the profession, and a third by the Secretary of State, this body, when it comes to money, may look less like a committee than a cockpit. Until the area authority has achieved some measure of cohesion. . . the local authority representatives are likely to pull one way and the professional representatives at least two other ways. In practice, one-third professional representation will weigh more than a third, both because of the advantage of professional knowledge and because the professional members can ally themselves with the professional officials of the authority. This is syndicalism, which is rightly out of fashion."

In effect the establishment of effective assessment, planning, and management bodies are being sacrificed, for political reasons, to various interest groups. Unless trained in medical administration, the doctor's role within the N.H.S. is the practice of medicine. Like other interest groups the doctors should be represented by effective bargaining committees in matters that pertain to salaries and working conditions. As professionals they should advise the N.H.S. on matters that require special medical insight. But the responsibilities of N.H.S. administrative bodies should go beyond interest groups to society itself. They must efficiently deliver the best medical care possible to a populace. Ultimate responsibility is to the consumer. In order to accomplish such a goal it seems to me that any administrative and planning bodies would have to be multi-disciplinary with trained architects, economists, management experts, medical administrators and planners, operational researchers, and sociologists as well as doctors, nurses, local authority staff, and lay community representatives. The jobs of some of the staff would have to be full-time and well paid (not voluntary as suggested in the Green Paper). They should have the power to act, but be answerable to and advised and checked by the various professions, government, and the populace. The area health authorities, regional health councils, and central advisory council do not meet these criteria. Having admirably removed the old tripartite divisions among hospital, G.P., and local authority services, the Secretary of State may be sacrificing a truly integrated and effective administrative structure for a new tripartite division among interest groups.

One Year Agreement

"The increases are well above the normal range envisaged under the incomes policy, but I think that there is general recognition of the special factors." This is how Mr. Crossman, Secretary of State for the Social Services, describes the 20 per cent pay increase that nurses are to get from 1st April. This long-overdue settlement was arrived at after the third round of talks between representatives of the nurses and the management side of the Whitley Council. This new agreement will last for one year when close consideration would be given to the establishment of a "realistic pay structure". Mr. Crossman leaves us and the nursing profession with food for thought: "The problems of the nursing services would not all be solved by pay increases but THEY would now be able to turn their attention to the measures needed in other fields."

Congratulations

We offer our congratulations to Professor J. Joseph, M.D., D.Sc., M.R.C.O.G., of the Anatomy Department, on his recent election to the Fellowship of the Royal College of Obstetricians and Gynaecologists.

GUY'S DIARY

MARCH

3	Tu	1.00	Clinical Lecture. Professor Sir HEDLEY ATKINS. "Jaundice."
5	Th	1.00	Clinical Lecture. Dr. CARNEGIE. "Local and Spinal Analgesia for the Single-Handed Doctor."
6	Fr	1.00	Clinical Lecture. Dr. KAUNTZE. "Electrocardiogram."
		2.15	Combined Round in Pre-Clinical Classroom. Speaker: Professor BUTTERFIELD. Chairman: Professor MACDONALD. "Three cases of Side-Effects due to the Contraceptive Pill."
9	M	1.00	Clinical Lecture. Dr. JOSEPH. "Examination of the Face."
10	Tu	1.00	Clinical Lecture. Mr. BLACKBURN. "Acute Intestinal Obstruction."
12	Th	1.00	Clinical Lecture. Mr. ROSS. "Replacement of the Heart-Valves with Biological Tissue."
13	Fr	1.00	Clinical Lecture. Professor BUTTERFIELD. "Atherogenesis."
		2.15	Combined Round in Pre-Clinical Classroom. Speaker: Dr. SCOTT. Chairman: Dr. ABRAMS.
		4.00	Transplant Lecture in Clinical Theatre. Mr. F. G. ELLIS. "Transplantation."

OBITUARY

Mr. S. H. Wass

Copyright F. J. Pitts

Samuel Hall Wass, surgeon to Guy's Hospital, died on the 10th February, 1970, at the age of 62, after a short illness. He qualified M.B., B.S. (London) from Guy's Hospital Medical School in 1934, was elected a Fellow of the Royal College of Surgeons in 1935 and obtained his M.S. (London) in 1938.

At the outbreak of the second world war he was surgical registrar at Guy's, having held house appointments there and been a demonstrator of Anatomy and Physiology in the Medical School. He was also clinical assistant at St. Mark's Hospital from 1937 to 1939. His outstanding ability as a teacher was already recognised and he was persuaded, somewhat against his will, to remain at Guy's during the war, when he was a key member of the skeleton staff who maintained the clinical teaching during this difficult period. Dr. P. M. F. Bishop, Acting Superintendent of the Hospital, wrote in the "Guy's Hospital Gazette," of the 21st July, 1945:—

> "Throughout the flying bomb and rocket period, the surgical treatment of the casualties was maintained at a very high standard. For this Mr. Wass and . . . were almost entirely responsible. I should like here to pay tribute to their efficiency, their energy and their mature judgment. These two men have certainly rendered exceptionally fine service to their country throughout the German war."

In 1946 he was appointed Consultant Surgeon to Guy's Hospital and Hunterian Professor of the Royal College of Surgeons. The title of his lecture, "The Odontomes and other affections of the Jaws, their pathology, diagnosis and treatment," illustrates the close association he had with the Dental School of Guy's Hospital throughout his professional career. His other special interest was the surgery of the large bowel and ulcerative colitis but he was in addition an extremely fine general surgeon. He was an active member of the Proctological Section of the Royal Society of Medicine.

Shortly after he had been appointed to the staff at Guy's, he became an Examiner in Surgery to the University of London, serving with one short break until the time of his death. He was a member for many years of the Court of Examiners of the Royal College of Surgeons of England. He had the reputation of being a searching but invariably fair and even-tempered examiner.

He was dedicated to the Hospital and will be remembered with affection and esteem throughout the world by professional and lay staff alike. At various times he was Honorary Visiting Surgeon to the Johns Hopkins Hospital, Baltimore, the Universities of Cape Town and Johannesburg, and the Prince Henry Hospital, Melbourne, as well as External Examiner in Surgery to the University of the West Indies.

Sam Wass was a man of complete integrity, and his clear and logical mind made him an outstandingly successful clinician. He had no time for humbug or hypocrisy, and was intolerant of inefficiency at any level. With his patients he was full of compassion and understanding and always found time to allay their fears and comfort their relatives. He was an unpretentious surgeon and his dexterity made the most difficult operation look deceptively easy. Many members of the staff paid him the supreme compliment of putting themselves or their families in his care.

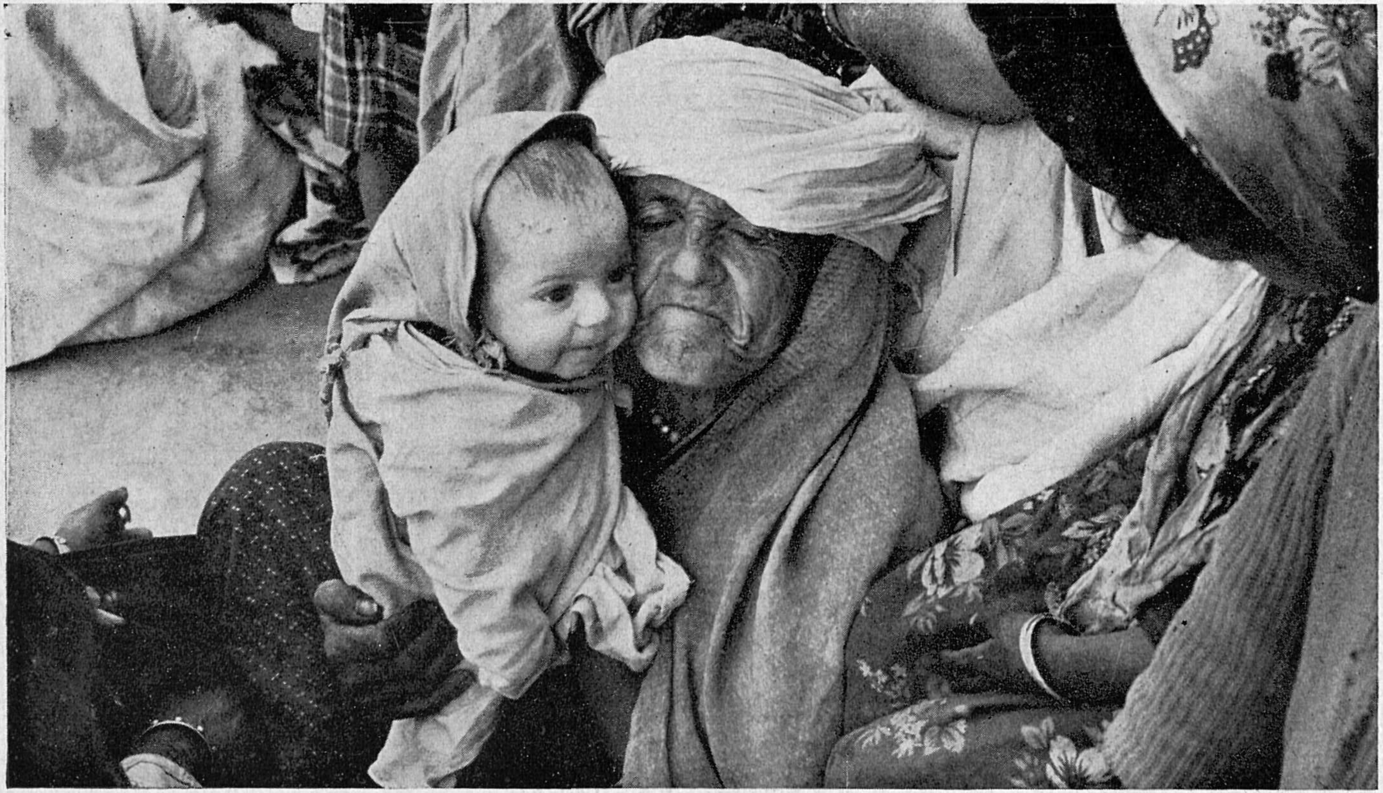
It was, however, as a teacher that he really excelled, as the attendance at his ward rounds and clinical lectures clearly showed. He had the ability to put across his thoughts in simple and lucid terms. A student who was appointed to his firm considered himself fortunate because the competition was keen. Many post-graduates will remember his outstanding teaching in the Guy's Fellowship class during the immediate post-war years.

In 1964 he was appointed a Governor of the Hospital, and in February 1966 he was elected Chairman of the Medical Committee and also of the School Council. The meticulous care with which he prepared himself for a meeting, together with his wise counsel and inexhaustible good temper, made him an exceptionally successful and popular Chairman. He had the gift of being able to guide a discussion on the lines it ought to follow without allowing his own opinions to influence a decision unless the members clearly wished him to do so.

He was fond of sport but did not take a very active part in it himself, although he was a gifted card player. In later years, after he had acquired a cottage near St. Ives, he became a keen gardener and, as in everything else to which he set himself, made an outstanding success of it.

Few people realise how much of his time was given up to work connected with the Hospital and School. Despite this his primary interest was in his family, to whom he was devoted. Guy's mourns the loss of a great Guy's man and we extend our heartfelt sympathy to his wife, June, and his four sons.

F.R.K. and P.J.H.



Two Faces of Messaad

ON THE EDGE OF THE SAHARA

by

John Rawlinson

The Save the Children Fund medical team in Algeria.

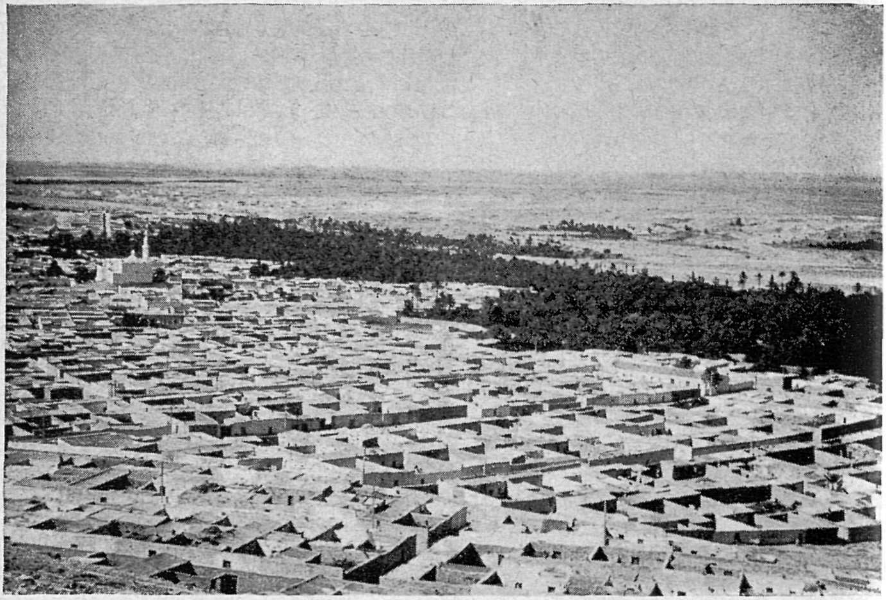
In 1962 "Algérie française" collapsed, and after eight years of bitter struggle the independent Popular and Democratic Republic of Algeria was born. The price of freedom included a measure of destitution and suffering which spread beyond the ranks of the F.L.N., and especially to the nation's children. To help in this gloomy aftermath the Save the Children Fund set up a model Infant and Child Welfare Clinic in the coastal town of Orleansville, and when the work of initiation there was complete the British team moved south, to the large and poor desert commune of Messaad, at the southern limit of the Saharan Atlas mountains. Here, the doctor, children's nurse, two health visitors and the administrator have succeeded in establishing and maintaining a full programme of child care.

THE PEOPLE AND THE PLACE

The people of Messaad belong to the tribe of nomadic families called the Oulad Nail; their land is one of high plateaux rising in the north into barren mountains, and in the south falling to the two-dimensional world of the stony desert—the edge of the Sahara. It is a beautiful, neglected wilderness in which these nomads roam ; their travelling companions, the foundation of their livelihood, are sheep, goats and camels. Many of their cousins within the tribe have settled in the town, where some find prosperity, but others unemployment and poverty. The plight of the unfortunate ones lies rooted in the meagreness of the cultivated oasis land; there is not enough of it to support a settled population. To the tent-dwellers the peaceful frugality of the desert may seem a happier prospect than the threatening squalor of town destitution, and yet in spite of this bleak outlook, nomads continue to abandon their tents for houses; the population of Messaad is steadily increasing.

There is, however, a promise of fertility in these plains and hills. After the rains, in the region of the daïas (the waterholes) emerald grass carpets the little woods of baobab trees, and on the hill-slopes the land turns a dull green as tussocks sprout and grow. With extensive irrigation and cultivation, this may become good farmland, but until it does, agriculture remains almost entirely restricted to a thin green streak meandering with the river bed across the dry khaki plain.

Messaad owes its existence to this variable river (the "Oued") which fills rapidly but briefly after rainstorms in the distant mountains. Along its course the moistened sand supports date palms, grasses and prickly pears, and in the more favoured parts figs, pomegranates, melons and vines flourish in a sandy soil. There, in the cool, green and living beauty of the gardens walks the spirit of Scheherezade and the still magic of an Arabian night. Above the mud-walled garden paths the town, dry, dusty and crowded is scorched upon its sloping platform beneath the heights of Djebel-Sba-el-Hadid, and on the hills overlooking the rectangular pattern of streets and courtyards, shepherds graze their sheep and goats amongst the ruins of a Roman settlement, the southernmost outpost of Roman Algeria.



Messaad

When the dates begin to ripen and there is work in the gardens, hundreds of tents appear on the outskirts of town, for then the nomads begin to arrive, some by camel, others more rapidly by lorry, from the more southerly palmeries, where the date-picking season has recently finished. Close to their tents, at the edge of the town, stands a fine modern building, formerly the French "Section Administratif Specialisée," but now the residence and offices of "La Protection Brittanique des Enfants" (The Save the Children Fund). The Clinic, half of it for children and the other half (run by the Algerian Ministry of Health) for adults, is nearby. A minute's donkey trot down the road is the S.C.F. Feeding Centre and next to it the converted garage which houses ante-natal and infant welfare clinics. This is the "P.M.I."—La Protection Maternelle et Infantile—part of a nation-wide service run in Messaad by the S.C.F.

The Gardens of the Oued

THE CHILDREN'S CLINIC

At the children's clinic a wide range of ailments is treated, from flies in ears to the most dreadful malnutrition and tuberculosis. Otitis, tonsillitis, and conjunctivitis are frequent diagnoses, the last of these often being trachomatous. Flies are a major nuisance in Messaad and it is likely that they are the vectors of a good many microbes. It appears that from birth the children are so used to an abundance of flies that they remain unconcerned when the creatures rest on the lower eyelid and inner canthus drinking the tears or the pus, and down by the abattoir, where tributaries of blood and bile join the Oued, squadrons of these winged droplets of evil are continually massing to infect and irritate the human population, especially visiting Englishmen.

Infestation with Ascaris causes a high proportion of "douleur abdominale", and although it is difficult to accept as exact accounts of 80 worms being passed at one sitting, such a story from the most innumerate of mothers suggests a heavy infestation. To the unaccustomed this is a most unsavoury illness and even the clinic doctor was alarmed when a child on her knee vomited a sizeable, wriggling Ascaris.

Scorpion stings are encountered frequently during the summer months and because the people have a considerable terror of the scorpion, early treatment is usual. It is an agitated mother and child who give the story of being "piqué par quelquechose", even if, in all probability, a desert thorn was responsible rather than a scorpion's tail. Children whose conditions require surgery cannot be treated at the clinic and are sent to the district hospital 50 miles away, to the provincial capital, or even to Algiers. Last summer, for instance, a child with club feet and another with a gangrenous forearm following a fracture were taken to the capital for treatment.

MATERNAL WELFARE

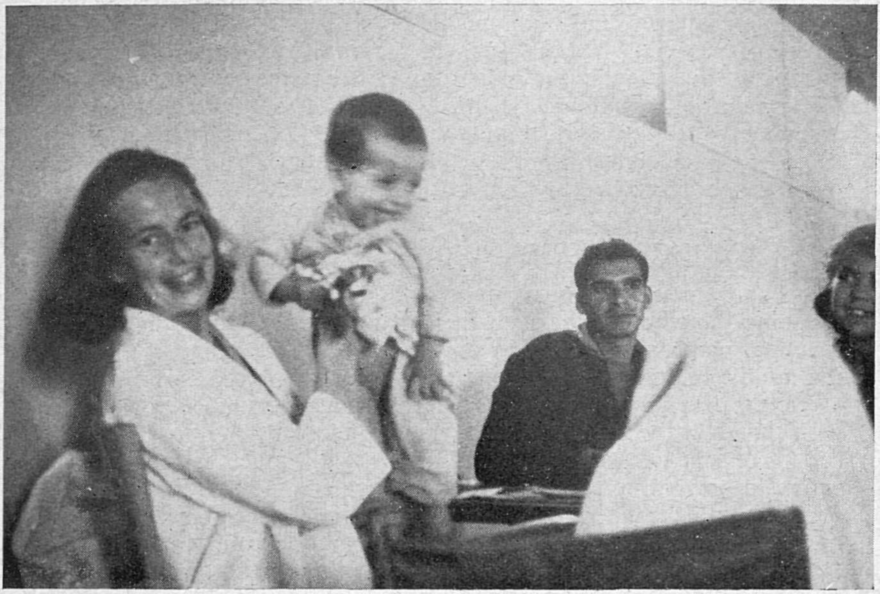
The care provided for the children begins in the ante-natal clinics. Here, for their advice on the hygiene of pregnancy, for iron pills, folic acid and reassurance come the women of Messaad, whose fertility would raise the most sluggish of eyebrows. Grand multiparity is the rule and tenth pregnancies are not uncommonly encountered. If mother and baby can be brought to term in health and normality, the labour may safely be entrusted to one of the corps of local "sage-femmes". These elderly ladies, who may owe some of their obstetrical and gynaecological expertise to a lifetime of prostitution, will supervise the childbirth, instructing the woman how to squat over the little pile of sand, and how to pull on the hanging rope as she pushes downwards; she also directs the attendant sisters, aunts and fellow-wives in their squeezing of the suffering abdomen, and when at last the labour is over, she will smear herbal powder over the infant's scalp, eyes and umbilicus. Should she feel her skills over-challenged, she may summon the S.C.F. midwife, who not infrequently finds that simply by pouring balm on the surrounding turmoil of agitated women and insisting on peace and quiet for the poor patient, labour progresses well. When it fails to do so and the management is beyond the range of the clinic's forceps, there is the district hospital, where a surgeon is at hand for Caesarian section; operation may be obviated, however, by the success of the hospital midwife, who is, by all accounts, muscular, fearless and athletic.

Oral contraception, offered at the women's clinics, has been welcomed and utilised, although the husband's consent has been at times reluctant. Fatma, a mother of four, has been swallowing Lyndiol with relish every day for three years, a precaution of which her husband is entirely unaware.

INFANT AND CHILD WELFARE

The infant welfare clinics bring several hundred infants and children under close surveillance and ensure a better standard of health, by the regular distribution of milk powder and soup, by advice to the mothers on home hygiene, and by immunization programmes. The health visitors who ran these clinics examine many households, with a view to more direct help, in the form of blankets, clothing and daily food, and they often come across malnourished children who will then be brought daily to the feeding centre. Here, the youngest receive "Superamine", a high-protein vegetable mixture, and the older ones are nourished, by the kindness of Messrs. Heinz, on beans, spaghetti hoops, macaroni cheese, and other tinned treats.

Every week the children are brought to the P.M.I. for a playgroup. They are unaccustomed to toys and obviously enjoy the stimulus to their imaginations which the little playthings provide. In the summer of last year, a team of British Scouts built a fine playground in town—swings and bars to delight the young; so they did, until they began to be demolished, mysteriously. The wooden swing seats disappeared early, no doubt to feed a fire, for wood in the desert is scarce and expensive. Then the metal parts went, to someone's courtyard, the whole sad affair pointing to the unscrupulousness of men in need.



The P.M.I.

The English medical team has tried to meet many of the needs in Messaad. There have been distributions of cardboard boxes and bundles of wood for fire, wool to be knitted into squared blankets and clothes, and even second-hand spectacles, a valuable gift from America. Team members have personally supplied children with the clothes and equipment needed for school, and they have shared their week-end holidays on the coast with delighted young patients and friends.

ADULT MEDICINE

Amongst the adults in Messaad, there is the common complaint of "faiblesse generale" and gastritis, the former causing no surprise in so anaemic a population, and the latter probably associated with the standard beverage, strong peppery coffee. Memorable cases of ailments seen last summer and unusual in Britain, include cuts and bruises suffered by feuding gardeners, the aged edentulous paterfamilias in much distress with an intact sheep's eyeball lodged in his gullet, and the foot stamped upon and lacerated by an irate donkey. Apart from the S.C.F. doctor, the dental services in town were in the hands of the market-place tooth-puller; although the mouths of Messaad contain many a broken, carious tooth, toothache is an infrequent complaint.

TENTS AND VILLAGES

Messaad is the administrative centre of a commune of mountain and desert villages, and the nomadic population of the area. For the people of these outlying districts—in the windswept Bou-Kahil mountains and in villages out along the "piste", the desert track—the S.C.F. runs regular clinics. Eighteen months ago, a team criss-crossed a large expanse of desert, immunizing with B.C.G. and anti-smallpox vaccine, all the nomad children they encountered. Several hundred received the phophylactic prick, scratch and sweetie.

THE WOMEN OF MESSAAD

The women of Messaad are, to a high degree, domestic creatures, spending the whole or most of their married lives within the home—weaving, child-bearing, caring for the family. Marriage is early, in the middle or late teens. Sometimes, indeed, it is too early, perhaps at eleven or twelve, the bride's parents being persuaded to dispatch their daughter by the marriage payment offered by the bridegroom (a sort of reversed dowry). The S.C.F. has, with police assistance, been active in preventing these childhood marriages.

In wedlock, the wife suffers a contraction of her horizons as her life becomes more or less rigidly bounded by the courtyard walls. A case recently came to light of a wife who became ill and whose journey to hospital was her first departure from the home for 13 years. Visits to the clinics, with their children or for their own maladies, have enabled the women to get out and enjoy a vigorous gossip whilst waiting for consultation. On the streets, they are invariably enclosed within their veils.

The insignia of Muslim womanhood and a protective device against infidelity, the veil (or "hayk") is a light shawl draping the length of the body; it covers the forehead and, grasped in the teeth, hides nearly the whole of the face. The visible remnant is a single eye. Thus veiled in her uniform, a woman is anonymous and secure; she has averted the eyes of men. Mysterious Islamic cyclops, she rustles by, and disappears behind windowless walls to the unseen family life within.

Many women decorate themselves with tattoos—arrowhead designs on the forehead and chin, triangular dotted patterns on the cheeks, and on the sides of the neck marks like Cupid's bows. The hair is dyed a rich red-brown with henna, which also covers the palms.

The Dance

In dances, at marriage feasts, or fêtes to celebrate a long-dead marabout (a holy man), the twisting henna-red hands of the dancing maidens generate the rhythm of the Sahara, and the air is full of the breathless, warbling allegro of Arab pipes. Old women, who have outlived their beauty and their veils, lead the excited gyrations, and now and again from amongst the huddle of veiled womenfolk rises a muted trill of delight. For a little while, at the dance, the rigours of life are forgotten.

IN CONCLUSION

For a visiting medical student, Messaad provides an experience of poverty and ill-health in the unfriendly surroundings of the desert, and an encounter with a people whose buoyancy in spite of hardship leaves a lasting impression. Some of the burden of childhood suffering is being lifted by the S.C.F. doctor and her team ; their contribution to the community is invaluable. "The Save the Children Fund has a heart for children everywhere," say the posters. It certainly has, here on the edge of the Sahara.

John Rawlinson is a clinical medical student at Guy's.

DEAFNESS IN CHILDHOOD

by

M. M. Lewis

To be deaf in childhood is much worse than to be blind. For clearly what matters most in the education of every child from the moment of his birth is the growth of communication between him and us.

Auditory impairment and educational deafness

The severity of the handicap is the greater the more it impedes, distorts, obstructs the flow of communication; most of all, language. So much so that the acquisition of language has become the basic criterion of deafness in children for the purpose of deciding on the methods to be used in educating them. In the Regulations on Handicapped Pupils in Special Schools, H.M.S.O., 1962, the distinction between "deaf" and "partially-hearing" children is in these terms :—

> "Deaf pupils : pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language . Partially-hearing pupils : Pupils whose development of speech or language, even if retarded, is following a normal pattern."

In the U.S.A. the same definitions are used to distinguish between "deaf" and "hard-of-hearing" children.

The definitions, it is to be observed, are based not on the nature and severity of the auditory defect, as ascertained, for instance, by the audiologist. The auditory impairment is, of course, fundamentally important in a child's actual life and future development; but it is the combination of the defect with other conditions which constitutes his deafness for the practical purposes of his upbringing and education; what may be called his *educational deafness.*

The far-reaching significance of the concept of educational deafness lies in this: that auditory impairment in children is susceptible of medical or surgical treatment only to a very limited extent—so that education becomes the main means of treatment. This can be both therapeutic and prophylactic: therapeutic in so far as it alleviates the problems of the child in infancy and childhood, at home and in school; prophylactic in so far as it attempts to obviate some of the difficulties that a deaf child is likely to experience as he moves into adult life.

We notice that the definitions speak of the acquisition of "speech and language" as the criterion of educational deafness. Speech and language are not of course identical; many deaf people in the past had language without speech. The association of the two in the definitions is a recognition of the fact that—here and in the U.S.A. at any rate—a child's education is based on his ability, actual and potential, to acquire the spoken language current among hearing people, the society in which it is hoped he will be able to take his place. This is the hope of the mother of every deaf child—and the aim accepted universally by everyone concerned with the welfare of deaf children. But it is unfortunately true that many of the children achieve no more than an inadequate command of speech and speech-reading; and much thought and work are given today to the possibilities of improving this state of affairs.

Conditions of educational deafness

Serious problems face parents and teachers who attempt the task of helping the children to acquire spoken language. There are three things to be taken into account: the various conditions which determine educational deafness, its likely effects on a child's life, and what can be done towards alleviating the handicap.

The general etiology of deafness in infancy is well known; the actual causes in particular cases often unknown. Where a child's auditory defect is not hereditary, it may be impossible to say whether it is pre-natal, peri-natal or post-natal in origin. For obvious reasons the child's medical history may not offer any relationship between his defect and any prior event. It is estimated that we cannot state with certainty the cause of hearing impairment in about 60 per cent of the affected children in Great Britain. What we can say is that as a result of medical treatment some of the causes are less common than in the past; particularly, as might be expected, those which arise in infancy.

Whatever the cause, it is only one of the conditions which contribute to a child's educational deafness. How far indeed this deafness is determined by his auditory defect depends upon such other contributory conditions as the age at which the defect has become evident; the response to this by his mother, the rest of his family and other people; and his schooling. The main effects of a child's educational deafness are not only the disabilities of his language; but, frequently, marked characteristics of his intellectual development and of his maturation as a person and of his social life. These in turn must affect the possibilities of his educational treatment, which therefore must be directed towards developing the mastery of the mother tongue and at the same time towards enriching the child's first-hand experience of things and people.

Mother and child

For a deaf child—and particularly for the development of his language—the importance of his mother is supreme. Research confirms everyday experience in giving overwhelming evidence of this.

From the moment of his birth, his mother matters most. The beginnings of language lie in the responses made by others to a child's crying, his cooing and his babbling; and in the responses he himself makes to these others. In all this his mother plays an indispensable part. To help the mother of a deaf child, guidance is offered by the health service over most of the country. How far she and her child can benefit from this depends on a number of conditions—not least her strength in coming to terms with what is often a formidable emotional stress. Much too must depend on her alertness and her intelligence, as well as the circumstances of her home life and the attention she is able to give her child; if, for instance, she is the busy mother of a large family.

It is obvious that the sooner we know that a child is deaf, the greater the likelihood of favourable development. For any child the early rapport with his mother is already a kind of communication, though rudimentary and without words. For a hearing child it is out of this that language emerges in the ordinary interchange of everyday life. For the mother of a deaf child, the problem is that, deliberately and with forethought, she has to promote the emergence of language. She can be given guidance in the use of special techniques and mechanical aids; but the main principle in the upbringing of a child with auditory impairment is to maintain a balance between recognising his disabilities and yet treating him, as nearly as possible, as a normal child.

For this he needs the experiences of a normal child. But his world, beyond what he can see and touch, is at first what his mother brings him. His life may become too restricted; whether through neglect or—more frequently today—from too close, too compassionate a concern for his welfare.

Every child is a social responsibility; this is brought home to us with special force when it is a child with a handicap. What we do so readily, hardly thinking about it, for the development of a normal child, must be done with deliberation and care for a handicapped one. While the major responsibility for his upbringing, rests, of course, on his parents, it must be shared by the others in his family, by the people who meet him outside his home, by his teachers and by the family doctor.

Problems of early education

What part is played in a deaf child's life by his family? Nothing, in fact, is more powerful in his early education than his life at home. If the barrier of his deafness at first cuts him off from the rest of us and sets him apart, it is not an insuperable barrier. The child must not be allowed to remain apart.

If the voice of his mother cannot penetrate the wall of silence, if he cannot know that his own voice reaches her, there is still much that can be done for him.

Like a hearing child, he expresses his needs by signs and gestures, and with these responds to us. The hearing child soon finds that communication is more effective if his voice and hearing are brought into it. If these mean nothing to a deaf child, it is tempting to allow, even encourage, him to rely on signs and gestures, ultimately leading him to language through the medium of finger-spelling and the written word.

The grounds for rejecting this kind of linguistic development for deaf children, and the problems of establishing word-of-mouth communication for them, are the themes of unceasing discussion by those who are concerned with their education. Conditions have certainly improved during the last thirty years. Early ascertainment is more possible and more general, and almost always shows some residual hearing which, with the modern electronic aids, can be made the basis of a child's movement towards the use and comprehension of speech.

Great difficulties, however, remain; and it is still only a minority of children with auditory defect who are able to live adequately in the society of hearing people. The discussion of the difficulties and the possible solutions are comprehensively reviewed in the Report of a Committee appointed by the Department of Education and Science: *The Education of Deaf Children,* H.M.S.O., 1968. The Committee made a survey of the informed opinion of people concerned with every aspect of the upbringing and education of the children.

On the ultimate aim, the Committee is able to report unanimity —that as many children as possible should be brought to the use of speech. But beyond this unanimity there are wide and deep differences of opinion, based on differences of experience: whether for any of the children this aim should be abandoned; whether for any of the children manual means of communication—finger spelling or signing—can be of value either as supplementing or promoting education for oral communication.

The education of deaf children is still largely empirical; the Committee therefore reports a unanimity of emphasis on the enormous importance of early diagnosis and continued watchfulness and care.

The place of the family doctor

Early diagnosis; there is nothing that can make a greater contribution to the educational treatment of a deaf child than medical services from the outset. Many infants today are given "screening" tests of hearing in order to decide whether more specific tests are necessary. But there still remain instances of delay in ascertaining auditory defect. Mothers are still known to avoid the testing of their children; occasionally from apathy, probably more often from fear. But the delay can be gravely detrimental to a child's development.

A practitioner to whom a troubled mother comes for advice about her child's hearing may well wish to avoid alarming her; and knowing that in the majority of cases there is nothing to worry about, may recommend no treatment for the time being. Yet experience has shown that as a rule there is more to be gained by reference to the otologist and audiologist than by optimistic patience. It is the doctor who makes possible the work of the parent and the teacher.

Professor M. M. Lewis, M.A., Ph.D., Fellow of the British Psychological Society, Emeritus, Professor of Education in the University of Nottingham. Educated University College, London. Formerly Vice-Principal, Goldsmiths' College, London, later, the first Director of the Institute of Education, University of Nottingham.

He has made a study of the linguistic development of children; his publications include *Infant Speech* and *Language, Thought and Personality in Infancy and Childhood.* In recent years he has been concerned with the problems of communication for deaf children; his research in this field has been reported as *Languages and Personality in Deaf Children.* He was Chairman of the Committee appointed by the Department of Education and Science to review these problems; their Report is entitled *The Education of Deaf Children.*

NURSING SECTION

A Glimpse of Nursing Abroad

Among qualified nurses at Guy's the perennial question is, "How long are you staying?" It seems that one cannot stay happy and secure as a staff nurse for ever—though many secretarial friends seem most content doing the same job for years. Of course, "What are you going to do?" produces many answers—some abandon nursing—many marry—health visiting and midwifery are popular—and then there is the everlasting desire to travel. It's hard to define what makes one want to leave the pleasant shores of England but, through my training I had always dreamt of nursing in Germany.

The dream was parent to the act—although I never thought that such a thing could so easily be achieved. Enthusiasm at the International Department of the Royal College of Nursing provided, in half an hour, not quite what was desired, but something that seemed even more desirable—a post in a district hospital in the Austrian Tyrol. The formalities that followed seemed slight—copies of certificates, medical examinations and a course of evening classes in German. Six months after that visit to the Royal College of Nursing, two nurses from Guy's Hospital began work in Schwaz Krankenhous, Tirol, Austria.

The hospital was about twenty miles east of Innsbruck and served an area well known to many an English skier. Three hundred and fifty beds were housed in an old block and a one-year-old new block. The wards in the old block were open, but those in the new one consisted of rooms with from one to six patients and a total of about twenty-six patients in each ward.

We were employed as registered nurses and did take charge of the wards for part of the day in our latter months there. By day the nurses covered the time from 6.30 a.m. (!) to 7.00 p.m. working a split. At night one nurse covered two wards. This seemingly fantastic fact can be revealed in that most of the nursing duties regarded as necessary here, were not done, and very ill patients were sent to Innsbruck. It's rather delightful to shock those who have not left the shelter of Guy's with tales of how all the drugs were given out first thing in the morning for the whole day. Patients were washed at 5.0 a.m., or not at all. Surgical patients with wound drains were not allowed up till the drain was out. Water was the last thing a patient was allowed to drink after an operation; a special daisy tea had to be brewed. Intravenous infusions were put up by the nurses and taken out each night. Of course, fresh from Guy's, these things strike one with horror and then one begins to wonder whether they might be right; after all, the patients mostly all got better!

Sometimes people wonder if it was very irresponsible to work in a German-speaking hospital with so limited a knowledge of German. Perhaps it was—but we both learnt the language very quickly and the mist of strange words began to clear. If anything important had to be said it could usually be managed. My lack of the necessary words endangered no lives and certainly gave the patients—my best teachers—something to think about.

We both of us met nothing but friendliness in that lovely place and probably know more people there than in London. The hospitality of everyone was quite overwhelming.

Off duty, among the mountains, was filled with interest. One-and-a-half days off a week plus extra days for all the catholic festivals ensured that with the car we could see some of Austria, South Germany, Switzerland and Italy. The swimming pool there was magnificent and our cheap Austrian ski boots and skis provided dangerous winter enjoyment.

Seven months in Schwaz culminated in a two-month holiday journeying to Greece, which would have been an impossibility had we been living in a country with a fifty-pound travel allowance.

Of course it now seems stupid to have returned, but England is England and Guy's is Guy's, and it's strange how one misses responsibility.

CORRESPONDENCE

Sam Wass

SIR,—The news of Mr. Wass's death has caused us great sadness. Sam endeared himself to generations of Guy's men and women as a great clinical teacher, probably the best the post-war era has produced. He will be remembered with affection for his warm personality and helpful advice to staff and students alike. To have known him was a privilege for which we shall always be grateful.

Yours faithfully,

D. V. Duckworth.
R. G. Gain.

Burvale Court,
13, Rickmansworth Road,
Watford.

Students' Club Council Activation

SIR,—Your recent Passim (*Gazette* 2128) suggests that there is some confusion as to the role "our own Student Union plays in . . . . the activities of the University".

The Students' Club Council has elected three of its members as representatives to the London University Students' Representative Council (successor to Presidents' Council). Whilst having over 1,000 students at Guy's at the beginning of the academic year, we are entitled to three votes on this Council, now, in the Easter Term, we have just under 1,000 students (due to exam. successes in the October M.B., B.S.), and we are entitled to two votes. Representatives attend the meetings of the Council and report back to the Students' Club Council. In January this year, the London University S.R.C. was entertained at Guy's in the Physiology Theatre for the first meeting of the term; few Guy's people attended as visitors.

The Student President of Guy's Hospital Students' Club attends the meetings, and was a founder member of the London Medical Schools' Presidents' Council (a Council of Medical School Presidents concerned with medical education and the especial problems facing students and their Unions at Medical Schools).

Representatives attend the B.M.S.A. meetings and, at the moment, two Guy's students hold positions on the B.M.S.A. Executive, namely, those of Vice-Chairman of the London Region and Secretary to the B.M.S.A. Trust. We also have strong representation on the B.D.S.A. Executive.

There seems to be confusion as to the role of the Clubs' Union Council, which is, indeed, the controlling body with power over all Clubs and Societies, and its members are nominated by the various Clubs and Societies themselves. The Students' Club and Dental Society (just two constituents of the Clubs' Union) have annual elections, and the successful candidates form the Councils. In the Students' Club election, every student, Dental or Medical, in the Hospital is eligible for nomination. It is the Dental Society and Students' Club Council which nominate representatives to committees and councils both inside and outside the Hospital.

The other role of the Students' Club Council, to my mind, is mainly social; to organise Dances, Hops, Inflams, Balls, Film Shows and other social and informal events in the Students' Club, to ensure the smooth running of the Club premises and, if you like, to try to improve the standard of Spit food.

Finally, may I point out that only 40 signatories are required to ensure that an Extraordinary General Meeting of the Students' Club is held to discuss any topic. The last E.G.M., called to discuss our policy towards J.H.D.A. (in the summer of 1968) produced an attendance of only 22 (including the Chairman) and many of those present had not signed the petition to call the meeting —what of those who did sign? Was your Passim about apathy or was it criticising the few who are not apathetic and work on committees and councils as the servants of the many?

Yours faithfully,
KEITH STEWART,
Student, President, G.H.S.C.

East Wing,
Guy's House,
London, S.E.1.

Non-Politics

SIR,—Medical students seem to have found themselves a very cosy niche in the world of student politics. They are able to sit back and criticise the efforts of L.S.E. and Essex, and when their own non-involvement is questioned, they have innumerable excuses. Hard work, members of a (or should it be "the") profession, an innate sense of responsibility towards the community are often mentioned, but now Passim seems to have found the Students' Club Council responsible for the general disinterest. The point is, however, that medical students *are* apathetic. One has only to consider the various societies at Guy's to discover that a small group of people are responsible for the organisation of all the extra-mural activities in the hospital. They all have extreme difficulty in actually achieving any participation, and even our sports clubs seem to have had recent trouble with an excess of "V.S."

The Students' Club Council at Guy's has lost any political role it might once have had. It is now almost totally concerned with running the hops, inflams and film shows, ensuring that the beer flows freely in the bar, and trying to attend to the various complaints of the student body—the sum total of which seems to be dissatisfaction with the Spit food (something is being done about this, but Parkinson's Law and the Kafkaesque nature of committees make changes difficult). However, if the students really want something achieved, then why do they do nothing? Constructive action often has advantages over words.

The letter to the teachers, referred to in the last Passim, was to be written because the secretary of the strike committee had approached us and asked us for our support. A motion was passed (8 for, 4 against, 3 abstentions) that a mild letter of sympathy should be written.

" Guy's Hospital Students' Club Council would like to express their sympathy with regard to your present financial situation".

This letter was never sent because certain members of the Council who had voted against the motion were dissatisfied with its content, and so apparently were members of their years. The teachers were contacted and the position explained. Yes, they understood the position; the nurses had said approximately the same thing. Everyone is sympathetic, but in a totally non-commital way.

When the minutes of the Students' Club meetings were printed in the *Gazette,* very little attention was paid to them. One only has to watch Guy's students exchanging a *Daily Telegraph* for the *Gazette* after a few cursory glances to realise that a new Tower Block name is sufficient reading matter; perhaps Passim is reached by a few hardened members. If students are interested in the Students' Club meetings, the it is no bother to have them printed in the *Gazette,* but if they are not, then it is a waste of time.

For two years now the B.M.S.A. has been trying to interest people in the consequences of the Todd Report. Only now have the students at Guy's begun to actually do anything constructive, and the lack of action is certainly not due to inadequate effort on the part of our B.M.S.A. representatives.

Students, unlike school children, should be able to find their own interests and become involved in matters that are important to them. If rugby, beer and occasionally medicine are the only things, then please do not make pretences at being interested in student politics. If soaking in indolence is what "turns you on", then do not blame the Students' Club Council. They are only a reflection of the people they represent.

I should like to add that this letter is not associated with the Students' Club Council, and the views expressed are personal.

Yours faithfully,

BRUCE DICK.

East Wing,
Guy's Hospital.

"Spit" Food ?

SIR,—"Spit" food has gone up in price—a necessary evil agreed! Before it did so, we complained. Now it has, we still complain. Small soggy portions—carelessly served.

The choice is good and the price for a meal is still reasonable, so let's have a *meal*. Many of us live off "Spit" food. We could go elsewhere, but why should we have to? It is mass catering, but other places manage without sogginess, so why don't we?

Is it not possible to improve cooking quality, have generous, carefully served platefuls? If not, put the price of meals back down again.

Yours faithfully,

A. R. ROGERS,
Student.

St. Christopher's Hostel,
208, Long Lane,
Bermondsey, S.E.1.

Battered Brains

SIR,—If Dr. Tudgay was asking a bona fide question in your last issue, the answer is "No". The rules of boxing, both amateur and professional, are such that the winner of a bout accumulates more points than the loser. If a boxer is unable to continue for any reason, the opponent gains maximum points for that round and he receives none.

In professional boxing the winner of a round has five points accredited, and the loser a proportion of five. When one boxer is five clear points ahead, the referee will stop the contest as the other boxer is so far behind that he cannot catch up. No consideration is given to the possibility of the leading boxer being knocked out.

If your correspondent was making a comment, then he did not understand my article which stated that brain damage was evident in one out of every six boxers examined, and it was more likely in those who had increased exposure to boxing. It did not say that it occurred because the boxers were knocked out. The contrary is, in fact, the case. The "punchy" fighters were "tough, game" ones who took a beating without being knocked out.

Yours faithfully,

W. M. SHEERAN.

262, Portland Road,
262, Portland Road,
London, S.E.25.

Rugby Club Ball, 1970

SIR,—Guy's Hospital Rugby Club is holding its Annual Ball at the Criterion Hotel, Piccadilly, on Thursday, 12th March, 1970.

Tickets will cost 5 guineas (double), and these, along with table reservations of five couples per table, may be obtained from myself on receipt of the money.

Cheques should be made payable to: K. F. Rigg and crossed Rugby Club Ball Account.

Yours sincerely,

K. F. RIGG, Ball Secretary.

c/o East Wing,
Guy's Hospital,
London, S.E.1.

Complacent Guys

SIR,—In your sports comment of 14th February *Gazette,* you say "It seems over the years, sporting success and fame have made Guy's complacent".

I could not agree more where the reporting in the *Gazette* of the Rugby Club doings are concerned. Quite apart of very belated or even omitted accounts of past matches are concerned, we have never had any reference of the fixture list since before Christmas, neither of the draw for the Hospital Cup which has now reached the semi-final stage. As an old Guy's man of over 50 years' standing, I have always had great pleasure in following the doings of the Rugby XV each year in the *Gazette,* as there is no other source for this information. But in recent years I have been very disappointed in the very scanty cover given in the *Gazette,* which seems to have ceased; also the giving of the names of those who represent the Hospital in each game, which is surely needed for reference in future years.

I hope the interest of many old Guy's men, like myself, will be recognised more completely on future occasions, although it is almost too late for the current season.

Good luck to Guy's with cup.

Yours sincerely,

H. S. Wacher.

The Wilderness,
97, St. Stephen's Road,
Canterbury, Kent.

Sportswomen Rally !

SIR,—In the Christmas edition of the *Gazette,* you asked "Where have all the sportswomen gone?" and while we are very flattered to know we are missed, feel this question could not go unanswered. It is true there have been very few reports of the activities of the women's sports clubs, but these have not entirely gone out of existence. The netball team did play last term, although with pre-clinical examinations approaching, there have been no matches this term. The hockey team has been forced out of existence. We are hampered by the fact that we have no pitch for Saturday matches, and on Wednesdays more than half the team have had practical classes or lectures. There are quite a number of keen squash players, and there have been several matches. The physiotherapists have had several netball matches on Saturday mornings, and play hockey up in Regent's Park on Saturday afternoons.

Guy's have been well represented in the University teams in hockey, netball, athletics, swimming and squash. We are sure you will agree the picture is not quite as bad as you printed it. The women's sports teams have certainly suffered from lack of enthusiasm, but the Guy's sportswoman is not extinct.

Yours sincerely,

Ros Thorburn and Liz Hogwood.

East Wing,
Guy's Hospital.

New Rite of Mass

SIR,—In the last few weeks on alternate Monday evenings, the controversial New Rite of Mass in English has been said in the Chapel under the aegis of the Catholic Society for anyone interested.

The "changes" may have evoked much comment in the press, but to my mind they are not radical. In fact, the first "New Mass" that I attended in the Chapel on 2nd February, impressed me with its simplicity, and application and interpretation in modern life, without a loss in religious attitude. For active thinking students it could provide a refreshing stimulus in following a Christian way of life. It is something needed in times when it is so easy under pressure of work, study and play to be apathetic and indifferent towards Christianity and *Life.*

Yours sincerely,

Frances Dallosso.

Shepherd's House,
Guy's Hospital.

Art Society

Review of the Art and Craft Exhibition 1970

by

Roy Courtice Esq. M.S.I.A.

T. J. GIBSON

These drawings show a good sense of composition, but they are rather timid in their approach. A bolder, less detailed technique would be worth trying. The colours could also be a little less inhibited. Some of the detail drawing is nicely handled; while delicacy is a very desirable quality, boldness also has its merits.

NICK ASTBURY

"Rhine Sunset" is a very imaginative atmospheric painting and is far stronger in approach than the drawings. These tend to be rather monotonous because of a lack of tone contrast and would benefit from a more selective approach to parts of the subject.

"The Golden Section" shows a very thoughtful approach to the problem of proportions, and reminds one that the Greeks knew the answers.

The mobile is a delightful piece of fun, and could make an interesting decoration in any room.

In general the works of this artist show a very wide scope.

SUZANNE WHALL'S collaboration in the other mobile was obviously very fruitful.

DECLANE THOMPSON

This clavichord is a delightful piece of craftsmanship, well-conceived and beautifully finished. The wood inlay is particularly appealing.

This impressive exhibit is a credit to the designer and maker.

HENRIETTE PELS

The paintings of this exhibitor are very professional, with a well-developed technique and a marked feeling for light. The compositions are very well conceived, and the execution is most satisfactory. It would be interesting to see what kind of result Miss Pels would achieve if her colours were pitched in a higher key. A hint of things to come is shown in her abstract painting.

The same refined sense of colour is evident in the pottery by this artist, and these are technically excellent.

C. H. KINDER

"The Eel Set. Candle Dyke" is a very competent water-colour, and is delightfully handled. It is fresh and direct and has a nice emphasis on points of interest.

The other painting is in the best tradition of a water-colour, and has not been over-worked.

RICHARD B. KINDER

Although the pencil drawings exhibited by this artist show variety and interest, it was refreshing to see the breakaway which has been achieved in the kestrel's head, by working in a very free manner on a dark ground. In using pastel he has achieved the whole range of tones between white and black.

W. N. MANN

It is obvious that the artist has enjoyed painting these two pictures. "The Early Train" would benefit from clearer definition of subject matter; as it stands, this painting gives a somewhat decorative yet flat effect, but it does not have the design quality demanded by such an approach.

"Vienne" is a lively and colourful painting, and both the works of this artist are most pleasing to the eye.

MARY J. SELLER

"Breakfast" is a painting which suggests that the artist would do well to attempt a subject with more flowing lines, as this would give her an opportunity to express tone values with more enjoyment.

Painting should be enjoyed, and this means a freedom of approach which is not very apparent in this particular work.

BRIAN HOLDSWORTH

These two works show that this artist is a painstaking draughtsman with a good sense of form. On the "Head of Leda" the plaiting of the hair does not read very clearly, as it doubtless did on the Leonardo original.

The technique shown on the marble exhibit is very interesting and unusual.

CHRIS MANN

Although these paintings are technically underdeveloped, the composition in "Toenail Session" is as original as the title.

ROSEMARY EDE

The simplicity of the penline in these works is interesting, but gives no hint of the artist's colour sense, which it would be well to develop. The medieval figure shows a formal sense of design, and is directly handled.

The pottery exhibited by this artist is refreshingly varied, and has textural interest.

MARGARET HOOLEY

"Emptiness" is a very powerful and disturbing work. The starkness of the handling reflects the subject matter and shows a great deal of sensitive appreciation of a current sociological problem.

D. A. BAKER

This artist's enjoyment of painting and the interplay of shapes and forms is very evident. The richness of colour, and interest in shapes are very marked.

The composition in "Floating Spheres" and "Theme on a Circle" is exceptionally well balanced. The symbolism is also interesting, giving "Blind Beggar in the Market Place" and "Enigma" a curious quality which is difficult to read.

SONIA BRIDGE

Of the two pairs of ear-rings submitted by this artist, the metal rings have the most appeal. A little more taper in the circular forms would perhaps give more interest. Nevertheless they are delightful in their present form.

CHRIS FRANKS

These wire sculptures are an interesting art form. One is rather reminiscent of a rigging and the other shows an unusual radiation of lines and planes from one central point.

J. SPIERS

These splendid brass rubbings are very decorative in a formal sense, and would make excellent wall decorations. The exhibitor is obviously very painstaking and the result fully justifies her effort.

C. E. ALLEN

The head of "Hazel" is strongly modelled and is no doubt a very forthright portrayal of the character of the sitter.

The reclining figure is convincingly handled, but could be a little more graceful.

A. BATCH

This artist unfortunately removed his four exhibits before the review, and has therefore escaped comment.

I should like to make special mention of the fact that the works in this exhibition have been very professionally displayed and the organisation of the exhibition is a credit to the secretary of the Art Society, Rosemary Ede.

Congratulations are also due to the Exhibitors for the high standard they have achieved in so many of the exhibits.

Finally, I should like to thank Morna Van Essen for asking me to come and review such a splendid and varied exhibition.

NOTICES

Guy's Hospital Reports

Vol. 118/4 has now been published. The contents are as follows :—

The long-term effects of end-to-end subclavian pulmonary arterial anastomosis.—L. Lopez Bescos *et al.*

Mixed monoclonal-polyclonal gammopathy.—C. I. Roberts.

Sucrose—What else besides caries?—I. Macdonald.

Homicidal and suicidal wounds of the throat.—Alfred S. Taylor.

Pendred's Syndrome.—A Historical Note.—R. E. Smith.

Pendred's Syndrome : Report of Two Cases.—M. J. Dillon.

An unusual case of calcinoisis due to vitamin D intoxication.—P. W. R. Harris.

An investigation into the sedative properties of salicylamide.—M. H. Jourdan.

Orders for separate copies of this number, or for annual subscriptions to the Reports, should be sent, accompanied by an appropriate remittance, to the Honorary Treasurer, Guy's Hospital Reports, Guy's Hospital Medical School, London, S.E.1.

The special rates for Guy's men are : Each number, 12s. 6d.; Annual subscription, £2 2s. 0d.

Guy's Hospital Photographic Society—A.G.M.

The Annual General Meeting of the Photographic Society will be held on Tuesday, 3rd March, 1970, at 12.30 p.m. in the North Common Room, East Wing.

A new Committee will be elected at this meeting; please make every effort to attend.

N. R. Winter, Hon. Secretary.

Guy's Christian Discussion Group

We wish to inform all members of the Guy's community that a Christian Discussion Group meets each week in Classroom 1a in the Medical School. Those who come to our meetings represent the varied departments of Guy's—such people as doctors, secretaries, technicians, administrative and domestic staff, lecturers and students. In fact, a welcome is extended to all, whether persuaded of Christianity or not.

Our programme until Easter is as follows :—

TUESDAYS

Mar. 3.—"With Christ" (John 13: 8) "A Saint in Communion." Allan Shelley, Esq., Ministry of Transport Christian Union.

,, 17.—"Unto Christ" (Acts 1:8) "A Witness in Testimony." Mr. Courtauld, Chaplain to the London Hospital.

On alternate weeks there are Bible Studies and Open Question Times, including Tuesday, 10th February and Tuesday, 24th March.

The main meetings are from 1—1.45 p.m., with coffee and sandwiches served from 12.45 p.m. Discussion meetings are from 1—1.45 p.m.

M. J. Graveney, Hon. Secretary.

Annual Music Club Dinner

The Annual Dinner of the Music Club will be held at the "Lower Grapes", on Thursday, 12th March, at 8 p.m. Tickets at 30s. are available from N. Harradine, East Wing, Guy's Hospital, S.E.1.

Recital

On 30th April, a small recital will take place and will last for about one hour. Anyone who wishes to contribute to an event of this nature is invited to send a note, giving names of self, instrument, and piece (not exceeding ten minutes in length) to Anthony Morgan, East Wing, Guy's Hospital. If you need an accompanist, we may be able to put you in touch with one, and, for that matter, if you need a soloist to accompany, we can probably manage something there too. There is absolutely no restriction on choice, provided that it makes good entertainment, so all serpent players and electronics experts are welcome.

BOOK REVIEW

A SHORT TEXTBOOK OF CHEMICAL PATHOLOGY.
D. N. Baron, 2nd Edition. E.U.P. 22s.

The second edition of this volume of the short textbook series originally entitled Essentials of Chemical Pathology, has undoubtedly become one of the standard texts used by students for finals. The ever increasing demand for investigating the patient's biochemical status necessitates that both clinician and undergraduate have a sound, workable understanding of those principles employed by the laboratories.

The book is divided into two halves: the first concerned with the fundamentals of General Chemical Pathology; the second with the emphasis on systemic applications. The principles behind many routine investigations are well explained, in combination with pathological conditions of individual and many systems. Supported by an exhaustive index and tables of normal values, this book is both of exceptional value and inexpensive.

D.T.

SPORTS

RUGBY

GUY'S AND THE HOSPITALS CUP

Guy's are through to the final for the third year running. This is the great news for the Club in 1970. Having beaten St. Thomas's and the London Hospital, Guy's 1st XV go on to meet either Bart's or Westminster on 18th March. This is a week after the Rugby Club Ball, which is to be held at the Criterion Hotel on Thursday, 12th March. Let's all wish the first XV luck, and don't forget, support is needed on a grand scale for a cup match.

Not to forget the 2nd XV is through to the semi-final of the Junior Cup after absolutely hammering St. Thomas's on the 18th March.

REPORT.

GUY'S 1st XV v. ST. THOMAS'S

Westminster Ground, Cobham. 10th February.
Score: Won 12—6.

This game proved to be a tough one, with tight, hard play, each side making use of the other's mistakes. As usual, there were few classical movements, also plenty of inaccurate kicking, both for touch and penalty goals.

However, don't be misled. The game was packed with excitement and both packs of forwards had magnificent games, Guy's pack playing superbly throughout the game, dominating the loose play and the line-outs.

The newspapers all came out in open criticism of Guy's and were, of the best, very sceptical about our chances in the semi-final. They, however, seem to bear Guy's a grudge, as such criticism was grossly unfair, when considering the Hospital games, which are probably the only competitive Rugby Union games played in Britain. As a result of so much being at stake, they rarely are games showing great rugby. Also the conditions were far from perfect, as there was a blustering wind blowing right up the field. Guy's kicked off into the wind, the early missed penalties were easily excusable.

The first quarter of the game saw Guy's hammering away in St. Thomas's "25." The forwards, feeding plenty of ball to the backs, as well as trying to run it themselves, Guy's supporters really anticipated a really good win at this point. However, St. Thomas's rallied, particularly with some good covering by their backs, and some fine break-away runs which destroyed Guy's fluidity. Using the wind to full effect, Thomas's kicked up into Guy's half. Following some ridiculous infringements, Thomas's kicked two penalties over, giving them a turn round score of 6—0.

Only the experienced supporters now expected Guy's to come back. They argued quite rightly that the wind was worth at least 11 points, if not more. Guy's indeed came right back with the wind, using it to keep the ball up in Thomas's half most of the remaining time. Following a superb dummy to Novak from a scrum, Elliot stormed over Thomas's line in the corner to give Guy's their well-deserved try. Elliot took over the kicking from Ross, and proceeded to knock over three penalty goals. He can probably be called the man of the match, as his handling at full back was almost faultless, and his kicking excellent.

The forwards also deserve their due, the back row, in particular, Baker, Neville and Forbes working as a unit in the loose and line-outs. Indeed, their line-out play was tremendous. Ross and Novak on the wings, played most competently with the little ball they received; their tackling really shook the ground. Burroughs, at centre, also had some fine breaks, but most were stopped before the wings got the ball.

As an overall comment, Guy's deserved to win by many more points. They played very well all round, but still lack the solid defence. Thomas's made several very worrying breaks, which, without the covering of Ross and Elliot, might have easily reversed the score.

Team: D. Elliot, J. Ross (Captain), S. Horsley, D. Barrough, J. Novak, B. Rowlands, D. Merrit, J. E. Davies, G. Hey, A. Addison, D. Stuart, R. Burt, I. Baker, C. Neville, M. Forbes.

T. HIGENBOTTAM.

GUY'S v. COVENTRY

Saturday, 7th February.

Result—Lost 11—22.

Although Coventry were without their current English prop-forward, Fairbrother, for their visit to Honor Oak Park, they were able to field one current international, Duckham, in the centre, and two former internationals: Gittings at scrum-half, and Jones at No. 8, amongst their typically robust fifteen. The day was cold and windy and excessive rain during the previous weeks had made the pitch very heavy, and for the first time this season there were pools of standing water. The Hospital won the toss and decided to play with the wind.

From the start, Guy's moved into the Coventry half and remained there for some time, winning their ball successfully from scrum and lines-out. Any counter movement by Coventry was quickly curtailed by some strong tackling by the Hospital's three-quarters and long touch-kicking by Elliot at full-back. Rather against the run of play, Guy's were narrowly offside, and Coventry were able to open the scoring from the penalty kick. The Hospital's pressure did not diminish with this set-back, and shortly afterwards Coventry were penalised at a line-out and Ross kicked a penalty from 30 yards. Both sides were finding the conditions underfoot difficult, but the Hospital sensibly used the wind and kicked forward to keep play ahead of their pack. From possession at tight scrum on the Coventry "25" on the right, Rowlands drew their backs forward and kicked diagonally to the left, where both Horsley and Ross were well up, and the former secured the touchdown. Ross converted with another good kick from near the touch-line. Greatly encouraged by the lead, the Hospital's pack continued to win very clean possession, and when the Coventry scrum-half miskicked under pressure near his goal-line, Forbes was present to field and touchdown. The conversion failed. At half-time the Hospital were leading 11—3, and by that stage had produced most of the positive rugby.

"LINE OUT"—GUY'S v. COVENTRY
Chris Neville jumping—Ian Baker ready to collect.

Photograph John Soul

On the resumption, however, the Hospital not only faced the wind, but more thorough application by the Coventry pack. Particularly in the tight, Coventry used their weight to advantage and wheeled the scrums effectively or forced the Hospital pack to keep on the retreat. As a result, the Hospital's possession was less useful, and their back-row play was substantially slowed down. With more determined running, the visiting three-quarters found their way through the Hospital's single line of defence. Ironically, the visitors' first points of the half came from a heel against the Coventry put-in, and with the ball shooting out of the side of the scrummage, Gittings was able to cross the line for a try. For a while, the Hospital took a grip on the game, and in the course of twenty minutes, Coventry moved into the lead, and with two further tries, a goal and a penalty goal established a certain victory. The Hospital rallied again in the closing phases, but were unable to improve their score.

After a satisfying first half, it was disappointing that the Hospital went down so heavily. Hey, supported by his pack, won five heels on the Coventry put-in, and the lines-out had been constructively undertaken. The three-quarters moved with renewed urgency, and but for the crucial opening period of the second half, the fifteen's tackling had been definitive. If the same zest can be maintained for a full eighty minutes, lesser sides than Coventry will bite the dust—or mud.

Team: D. Elliot, J. Ross (Captain), S. Horsley, D. Barrough, K. Sommi, B. Rowlands, D. Merrit, J. E. Davies, G. Hey, A. Addison, D. Stuart, R. Burt, I. Baker, C. Neville, M. Forbes.

I. A. BAKER.

HOCKEY CLUB

GUY'S v. ROYAL DENTAL HOSPITAL

Wednesday, 18th February. Hospitals' Cup Semi-Final.
Guy's won 9—0.

Due to the weather, there was some difficulty in finding a venue, but thanks to the groundsman and fixture secretary, the game was eventually played at H.O.P. Thanks must also go to the umpires, especially B. Clark, who could not play in goal for Guy's due to a back injury.

Guy's had an easy win over R.D.H., who were playing their first game in the cup. The R.D.H., nevertheless, gave Guy's a good game, which was enjoyed by all, both on and off the field. C. Ackner playing in goal for Guy's, was only troubled once by the R.D.H. attack. The Guy's team played well and contrived and executed some excellent goals. Bob Fell scored four, including a penalty flick, proving once again that positioning is all important. B. Clark at centre-forward, scored a further three goals; R. Burns one; and D. Crofts scored from a short corner. Another goal was scored as the final whistle went.

Once again, Guy's are through to the final of the Hospitals Cup. The game will be on 4th March, and probably v. S. Thomas's, who are strong favourites, venue undecided. Any support for this final will be most welcome.

P.A.J.W.

Team: C. Ackner, D. Crofts, M. Vellacot, R. Goodhart, C. Pearson, D. Kendrick, P. Willmer, R. Fell, R. Clark, R. Burns, J. Walker.

GUY'S v. ST. BART'S

At H.O.P., 11th February, 1970.
Score—Draw 1—1.

On a crisp, sunny day at H.O.P., the scene was set for a tough fight in the semi-final of the University of London Hockey Cup, of which Guy's are the holders. Guy's having beaten Bart's in the U.H. Cup, were slight favourites.

The first half started with a Guy's attack, and this, coupled with a few Bart's breakaways, especially down the right, was the pattern for the first half, and Guy's were unlucky not to be in the lead at half-time.

In the first ten minutes of the second half, Guy's were awarded two short corners, which they unfortunately failed to use effectively.

An injury to a Bart's player on their "25" led to a bully. The ball was taken down the Bart's right wing, and because of slack defence, the Bart's winger entered the Guy's circle, and even the desperate acrobatics of R. Clark, Senior, could not prevent Bart's taking the lead.

This mishap did not deter Guy's, however, and they had many attacks stopped by the overworked Bart's defence, and from one short corner, D. Crofts flicked a rebound into the Bart's goal and thus the scores were level.

Guy's kept up the pressure to the end of the second half, but unfortunately were unable to put the ball in the elusive Bart's net. As a result, two ten-minute periods of extra time had to be played.

In the extra time, Guy's were continually on the attack, but were unable to take the lead, and as a result, the match will have to be replayed.

It was a pity that Guy's could not clench victory, because they were obviously the superior side, but one must praise the Bart's defence for their persistence and stamina.

One must also praise the entire Guy's side for providing such a fast and entertaining game on a very muddy pitch.

Let us hope they win the re-play and move into the final. All support will be welcome for this game.

Team: R. Clark, M. Vellacott, D. Crofts, R. Goodhart, C. Pearson, R. Kendrick, P. Nicol, R. Fell, R. Clark, R. Burns, A. Bell.

A.G. and P.A.J.W.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invites applications from registered dental practitioners for the appointment of **Registrar** (Full-Time) in the Dental Department for Children with duties commencing as soon as possible. The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1., not later than ***Tuesday, 17th March, 1970.***

GUY'S HOSPITAL MEDICAL SCHOOL
(University of London)

Applications are invited from Medically or Dentally qualified male or female graduates for two posts of **Junior Lecturer** or **Lecturer** in the Physiology Department. Excellent opportunities exist in co-operation with clinicians, particularly in the study of intensive care and respiratory function. The Department's main research interests are in nutrition and alimentary function in man. Salary on scale £1,585—£2,045 or £2,045—£2,850 per annum with £60 per annum London Allowance and Superannuation. Application form obtainable from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1.
(University of London)

Lecturer required in the Department of Chemical Pathology. Appointment for two years in the first instance. Duties include undergraduate teaching and provide ample opportunity for research. Applicants should hold a medical qualification and have a special interest in clinical applications of immunology especially as related to the structure of normal and pathological immunoglobulins. Further information from Professor S. Cohen, Department of Chemical Pathology. Application form obtainable from the Dean.

ANNOUNCEMENT

GUY'S HOSPITAL DENTAL SCHOOL

Commencing on Wednesday, 29th April, 1970 a course in Conservative Dentistry primarily for F.D.S. candidates will be held at Guy's Hospital Dental School. The Course will consist of six sessions, from 6.00 p.m. to 8.00 p.m. on 29th April, and 1st, 6th, 8th, 13th and 15th May, 1970. Fee: £10 10s. 0d. Further particulars and forms of application, which should be returned as soon as possible and not later than 24th March 1970, may be obtained from the Dean, Guy's Hospital Dental School, London Bridge, S.E.1.

PASS LIST

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SOCIETY OF APOTHECARIES OF LONDON

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Surgery

I. V. Jones

THE CHARTERED SOCIETY OF PHYSIOTHERAPY FEBRUARY, 1970

FINAL EXAMINATION

PASS LIST

Miss D M. Fallon
Miss P. J. Harris
Mrs. J. M. Howard
Miss J. M. Phillips

February, 1970

RECENT APPOINTMENT

Dr. A. L. Jeanes Senior Lecturer in the Department of Clinical Pathology, has been nominated by the Public Health Laboratory Service as Reference Expert for the Serological Diagnosis of Amoebiasis.

PERSONAL

DENTAL PARTNERSHIP of three Guy's men require associate with a view to replace fourth partner who is leaving through illness. Full appointment book and modern surgery. Apply L. Catchpole, 97, St. Albans Road, Watford. Tel: 24694.

East Kent Coast Town Associate required with view to partnership. Two man private/N.H.S. practice. Furnished flat available. Full details given to anyone interested. Box No. 5/2.

MARRIAGE

COOK—MILLEST—Dr. J. G. Cook, B.D.S., D.D.S., L.D.S., R.C.S. was married to Miss Judith Millest, R.N. (registered nurse) daughter of Mrs. T. Gordon Millest and the late T. Gordon Millest of Truro, Nova Scotia, Canada on 22nd November, 1969.

CHANGES OF ADDRESS

Dr. David M. E. Allan, 6274 Calle Vera Cruz, La Johla, Calif., 92037, U.S.A.

Dr. Peter S. Hughes, 55, Old Cheltenham Road, Longlevens, Gloucester.

S. P. Robertson, L.D.S., R.C.S.Eng., 8, Penerley Road, Catford, S.E.6. Tel: 01-698 1944

Surg.-Lt. I. E. C. Wilkinson, R.N., 86 Shrigley Road, Bollington, Macclesfield, Ches.

Requiem Mass

A Requiem Mass for Miss Kathleen Rusby will be celebrated in Guy's Chapel on Thursday, 5th March, at 5.30 p.m.

GUY'S HOSPITAL GAZETTE

EDITORS R. S. TROMPETER and S. M. KILPATRICK

SPORTS CORRESPONDENT T. W. HIGENBOTTAM

NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2130

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

London Coroner

Yet another Guy's man has been appointed a London Coroner, a pretty responsible and distinguished post. Many Guy's men will member Percy Skeels, Louis Beccle, and—now doyen of the London group, Dr. Gavin Thurston. Only recently, Harvey Kenshole died whilst still "in the Chair" as H.M. Coroner to the North-East London area and last week Dr. John Barker was appointed as his successor at an earlier age than any can remember such a London appointment being made. We offer our congratulations to Dr. Barker.

The Hospitals Cup

Guy's have defeated two very good sides to reach the final of the Hospitals Cup. This is against Bart's once again, and will be played on Monday, 23rd March, at Richmond Athletic Ground.

We hope the Rag participants will enjoy themselves in their valiant attempt to maintain the old public image of medical students as inebriated and irresponsible layabouts. Try to avoid covering non-participants in plaster, and keep out of trouble with the authorities, who are very kind to let a Rag occur at all. Remember that although the Rag is Good Clean Fun, most people have come to watch the match and do not want to be prevented from doing so.

We wish the Guy's team every success and hope that they will reverse last year's result.

Frustrated Genius

When a student on his first firm is asked to do a white count his reaction is initially one of terror at being entrusted with such a responsible and difficult task. After laboriously preparing his counting chamber he starts to count all the cells he can see. The method is not very accurate because about half the objects he counts are air bubbles and the rest are spots of dirt on the microscope lens. Fortunately, these errors are balanced by the fact that no cells have taken up any stain, so the final result is fairly close to the correct answer. As he gains in expertise he finds a quicker method of performing a T.W.C.: to look at the sludge on top of the red cells in a haematocrit tube. If it appears to be the normal amount he writes down "7,250 white cells/cu. mm.", knowing no one will question it. If it does not appear normal, he proceeds to perform a proper count. Those who survive to reach the dizzy heights of being senior medical ward clerks are reasonably competent at performing white counts and other simple tests, and a few actually enjoy doing these tasks well.

Therefore it is very frustrating to have to work in the conditions prevailing in the Hunt's House laboratory. This is a noisy room which is used for other purposes, namely Haematology out-patients. Students are asked to keep their part of the room clean but this is not easy when there are no cleaning materials readily available. Important chemicals or other items of equipment are often missing, with the exception of excellent new microscopes chained to the bench, so the long walk up the stairs can be waste of time. When this is contrasted with the spotless condition of the laboratory in New Guy's House it is no surprise to learn that many medical ward clerks do their investigations in the latter. Although this is a compliment to the untiring person who looks after the lab. in New Guy's House, it cannot be said to be the most efficient way of using medical students' time.

Various noises have been, and are being, made to the effect that the laboratory in Hunt's House will at some time be moved to a new and better home. Let us hope that this golden age is not too far distant, and that someone is given sole responsibility of looking after it. These changes would cost money and need careful planning, but would be greatly appreciated by many people.

The Happy Release

[Inspired by the recent London Medical Group Symposium at Guy's Euthanasia —Yes or No.]

"Pertinax," said Aunt Agatha, "I hope you will make time to visit Mrs. Honeysuckle while you are here. She must be well over eighty and had to give up her house when her husband died; she is now in a nursing home, as she fell and broke her leg, and her heart is too weak for an operation. She would appreciate a visit from the little boy she used to take to the Zoo."

Pertinax shuddered slightly at the last remark, but it seemed churlish to refuse when Aunt Agatha's excellent Sunday dinner nestled so happily in his stomach, where it was being joined by an equally excellent liqueur. "I will go after tea," he said.

Slightly to his surprise, Pertinax found that he was carrying an emergency bag when he rang the bell of the Rossignol Nursing Home. "Oh, Doctor, how relieved I am to see you," exclaimed Matron. "Dr. Pill has measles, and Dr. Tablet has been called to a maternity case on the other side of the county, just when we are so worried about Mrs. Honeysuckle." A distant bell rang, and Matron disappeared.

Pertinax entered the room where the old lady was in bed, propped up on pillows. How fortunate for her that he had come in time ; if there was a life to be saved, Pertinax Perforans was the man to have at your side.

A brisk, efficient examination satisfied him that pneumonia was indeed giving cause for anxiety, and he selected a suitable antibiotic from his bag. "Just a little prick," he announced cheerfully, "and we shall soon have you as right as rain." Mrs. Honeysuckle stirred uneasily : "I know you mean it kindly," she said, "but I don't really want to get better at my age; everybody is very kind, and I have such good care here, but I do have a good deal of discomfort, and, I do so want to join my husband; I miss him so dreadfully." Her eyes filled with tears. "That's why I didn't sign the form Dr. Pill offered me."

"Come, come," said Pertinax, gently. "You are not going to refuse treatment now, are you? The doctor knows what is best for you, even if you did take him to the Zoo as a little boy."

With a watery smile Mrs. Honeysuckle held out her arm like an obedient child.

"What was she saying about a form, Matron?" he asked as he was leaving. "Did they consider pinning at one stage?" She looked at him with an air of surprise. "Don't you know about the bill for the Protection of the Rights of Old People?" she enquired. "It became law last week." Pertinax had the grace to look slightly ashamed. "I haven't opened a B.M.J. for six months," he admitted, "and geriatrics doesn't cut much ice in a children's hospital anyhow. Can I have a look at that form?" His eyes took in the first few lines :—"I, being over eighty years of age, have no objection to antibiotics being administered to me in the course of treatment, the general effect of these drugs having been explained to me." The rest ran into a blur, upon which were superimposed, in letters of fire, "Ignorance is no Excuse"! "Unprofessional Conduct"!! G.M.C. Disciplinary Committee"!!! "STRUCK OFF"!!!!

The telephone bell rang sharply, and Pertinax sprang to his feet.

"I'll answer it," said Aunt Agatha, "you are on holiday."

She put down the receiver; "That was to say that Mrs. Honeysuckle died very peacefully this morning. I am sure I have heard pneumonia referred to as "the old man's friend" somewhere; in her case it was certainly a happy release."

As she went towards the door, Aunt Agatha turned. "I think toasted crumpets would be nice on such a wet afternoon."

Pertinax agreed. E.R.T.

GUY'S DIARY

MARCH

16	M	1.00	Clinical Lecture. Mr. TOMKINSON. "The History and Present Day practice of Contraception."
17	Tu	1.00	Clinical Lecture. Dr. MANN. "The Sacred Disease."
19	Th	1.00	Clinical Lecture. Dr. HARDWICK. "Beating about the Bush—a Cautionary tale for Young Doctors."
20	F	2.15	Combined Round in Pre-Clinical Classroom. Speaker: Dr. WELLS. Chairman: Dr. LESSOF. "Some Genetic Skin Disorders."

" E.B.S. "

by

F. Avery Jones

and

K. S. Morfey

The staff of the Emergency Bed Service at London Bridge have a delightful bird's-eye view of Guy's Hospital from the top of Fielden House, but, more important for their activities, they have a day-by-day picture of the pattern of the emergency work going to over two hundred hospitals in the central and the metropolitan regions of London. The service facilitates the admission of patients when their general practitioner wishes them to be admitted to hospital. The technique is for the practitioner to ring up the E.B.S. The details of the patient and a brief medical history is taken down by one of the specially trained girls. Appropriate hospitals are then telephoned and an ambulance arranged. Naturally, it is a service which is very much appreciated by busy practitioners. It is uncertain what proportion of admissions is arranged in this way, but it seems likely that about ten per cent of all emergency admissions to hospitals in London go through the E.B.S. The majority are being admitted after the general practitioner has personally 'phoned the local hospital. Many hospitals encourage their practitioners to ring them direct, and now they have introduced bleeps this is a much less time-consuming arrangement for all concerned. The ideal arrangement indeed is for the general practitioner personally to contact his local hospital, but nevertheless there are many occasions in his busy life when it is much more convenient for him to have all the arrangements made by the Emergency Bed Service, specially when time is a vital commodity for the patient.

The E.B.S. not only helps the general practitioners of London in this way, but it also provides a very useful check on the pressure of work in the London hospitals. It is well known that a ten per cent sample, where big numbers are concerned, can give a clear-cut picture of changing situations and this is certainly true of the E.B.S. The daily fluctuations of work are smoothed out by recording a seven-day running average, and a graph is charted daily. This is transmitted to the Department of Health and to any other interested bodies, and provides a most interesting and sensitive record of changing medical pressures. This becomes a matter of vital concern when an epidemic of influenza, for example, may attack the metropolis. At these times, the E.B.S. is particularly important as a clearing house for the hospitals of London, so that local difficulties arising from staff illness, or any breakdown of services, can be at once recorded, so that suitable diverting action may be taken.

The Emergency Bed Service originated from the request of the London Voluntary Hospitals Committee in 1937, that the Management Committee of the King Edward's Hospital Fund for London should make provision for a central office which could facilitate admission of urgent cases. This was inaugurated on 23rd June, 1938, with the late Mr. Roger Peers as its Secretary. In its first year it assisted the admission of 7,000 patients, and this has now risen to the present average of about 55,000 patients a year.

The King's Fund is a charity with capital endowments of some fourteen million pounds and the interest enables it to make direct grants to hospitals, particularly for patient and staff amenities. It also provides a comprehensive information service about the hospital world at The Hospital Centre, 24 Nutford Place, W.1, and runs courses at its College of Hospital Management, 2 Palace Court, W.2, for those working in the Health Service.

The E.B.S. office is well worth a visit and is only just across the road from Guy's. All hospital staff, and indeed students as well, are very welcome indeed as visitors. It is sited on the top floor of Fielden House, which houses Post Office departments underneath, and, as you go in, there are maps everywhere—small scale, large scale, enormous maps covering whole walls of rooms, pin-pointing hospitals, indicating catchment areas. The nerve centre is a very large room with vast indicator boards, with systems of coloured tabs, blackboards, flashing lights, battalions of telephones, and more wall maps. The naval background of its first secretary, Mr. Roger Peers, certainly left its mark on this operations room, with its "watch keepers" covering the shifts of telephone duty round the clock. It reminds one of those tense war-time film sequences, when immaculate Wrens shunted model battleships across charts with long wooden pushers. It is a very interesting experience for visitors to use the extra earphone which enables them to listen in to the dialogue which goes on between the E.B.S. and the hospital or general practitioner. The E.B.S. is paid for by the four Metropolitan Regional Hospital Boards, together with an annual grant from the King's Fund. It works 24 hours a day, 365 days a year, with a staff of 50, working in shifts.

In the majority of admissions, usually about 90 per cent, the procedure is remarkably quick and efficient. Credit must also go to the splendid ambulance service of Greater London. Their record for speed, efficiency and consideration just cannot be bettered and, with the patients, the E.B.S. remain immensely grateful for their ready co-operation. However, with 10 per cent in the summer and often 20 per cent in the winter, admission to hospital remains a difficult, tedious and often immensely irritating experience, resulting in a succession of hospitals being telephoned, and finally, when several have refused, the nearest hospital will be ascertained by measuring on one of the large wall maps. The case history is then referred to the Regional Medical Admissions Officer, who decides whether the patient should be referred to the Group. The patient is then sent to the hospital delegated by the Medical Referee who still has the right to refuse admission, but the onus is clearly on him, and anyone who has got significant physical illness will have to be admitted, even if it means putting up an extra medical bed, or mobilising beds in another department.

The testing time for the Emergency Bed Service is of course during epidemics, and it is then that the E.B.S. makes such an important contribution to the hospital administrative world by operating the Yellow and Red Warnings; warnings which indicate the build-up of numbers of requests for admission to levels when action must be taken by hospitals to increase the number of beds available for emergencies, either by restricting or stopping waiting list admissions. The major crises with which the E.B.S. have been involved in recent years include the very dangerous episode of smog in 1952, the Asian 'flu epidemics in 1957, 1959 and again in 1968. Although an epidemic was thought likely to occur in early 1969, it performed like a damp squib and caused no real concern to the hospitals. This winter, however, we have had the Hong Kong A^2 64 virus, and it hit the country like a rocket. In Christmas week, there were over three thousand deaths from influenza, many being in the older people whose resistance in many instances is less strong. This virus caused an illness which came on quite suddenly, prostrated the patient with fever for a few days, then continued to prostrate him or her with quite profound asthenia and an inability to get back to work for at least another one or two weeks. Normally, the E.B.S. is handling about 120 admissions a day, but on 28th December this figure had in fact risen to 382. No wonder that the girls at the receiving desks had to have their meals brought to them whilst on duty and that they had to use two telephones simultaneously the whole time. The secretary, fortunately, had arranged for various former members of the staff and also present staff due for Christmas leave, to be "on call" and to help in an emergency, which in fact materialised.

The 'flu epidemic came earlier than usual this winter. The early part of December had been cold and there had been an increase in air pollution by sulphur dioxide (SO_2) over London, from a norm of 0.2 per million to 0.54 on the 10th. A Yellow Warning was given on 11th December, 1969, followed by a Red Warning on 28th December, 1969, with the hospitals returning to normal on 14th January, 1970. During this period the E.B.S. handled 8,837 requests from general practitioners. A particular feature of this year's epidemic was the high proportion of nurses in some hospitals who went down with 'flu—in some hospitals, as many as 40 per cent.

In a service such as this, there is always something unexpected or amusing to break the routine of the day. Theoretically, the E.B.S. works with the general practitioners of London, but no one batted an eyelid when Fleet Street kept ringing up all one afternoon to discover if sonic booms resulted in miscarriages, nor was there any surprise when a G.P. 'phoned from Stornaway to arrange admission to a London hospital for Spanish seamen injured with a fishing fleet. It has long since been appreciated that every emergency is not quite such an emergency as it may initially be made out to be. Recently, arrangements were asked to be made to take in a patient to hospital with an incomplete abortion, but, it was specified, not until 10.30 p.m. It transpired that the patient had told the general practitioner that she insisted on attending her Bingo session first!

The King Edward's Hospital Fund has always maintained a very flexible approach to the problems of London hospitals and has used its influence whenever appropriate to see that flexibility is maintained. The influenza epidemic at the end of December, 1967, and in the early weeks of January, 1968, clearly took the hospital world by surprise, and, in spite of the Red Warning which was imposed quickly, great difficulties were experienced in getting admissions arranged in many instances, and it seemed that there was inadequate flexibility on the part of hospitals to meet the changing pressure from their local population. Curiously enough, hospitals had worked out in very great detail plans for dealing with any major surgical catastrophe, such as a train smash, but they had not worked out in the same detail steps to be taken to cope with a medical epidemic. As a result of this, a working party was formed and the facts and figures of the winter epidemic were brought together and carefully analysed, and the appropriate recommendations put forward in a King's Fund publication, entitled, "Red Warning"—not an inappropriate title, as it was published just at the time when the Mao 'flu was thought to be on its way.

The experience of the recent influenza epidemic suggests that the recommendations which had been put forward in this document had largely been taken up and put into practice, and the pressure for the medical refereeing of patients to hospitals certainly seemed less this winter than in previous years, but there is still scope for better organisation of emergency admissions to hospitals, with more flexibility between wards.

Come up and see us!

F. AVERY JONES, C.B.E., M.D., F.R.C.P. (Chairman). K. S. MORFEY (Secretary).

KAIR

The Residents' Play 1970

"The old order changeth"—and with a new decade came a new type of Residents' Play, extrovert, confident, full of life, one which lacked the customary deferential caricatures of the elders and betters, but instead entertained by virtue of the talent of the residents themselves. For this I think the credit must go as much to the producer, Andrew Seal, and to the composer, Charles West, as to the authors Colin Hunter-Craig and Graham Pay. Their combined efforts resulted in a most entertaining evening.

The appearance of the musicians was our first surprise. Cowboys and Indians in a Residents' Play? No—Geronimo turned out to be the evergreen Peter Inward. The overture served its purpose, introducing us to a marvellous variety of instruments, whetting the appetites of the polite, and camouflaging the chaos of the late arrivals. Stephen Potter should have written a book on Residents' Playmanship, for each year the élite arrive en bloc when everyone else has settled comfortably in their seats.

The play itself got off to a tremendous start, the curtain parting on a most impressive science-fiction laboratory scene behind which Dr. Hairymale loomed large. Andrew Seal immediately put us at ease by his confident rendition of Hairymale's song, a nice change from the usual opening chorus of hairy females.

The Dawning of a New Age

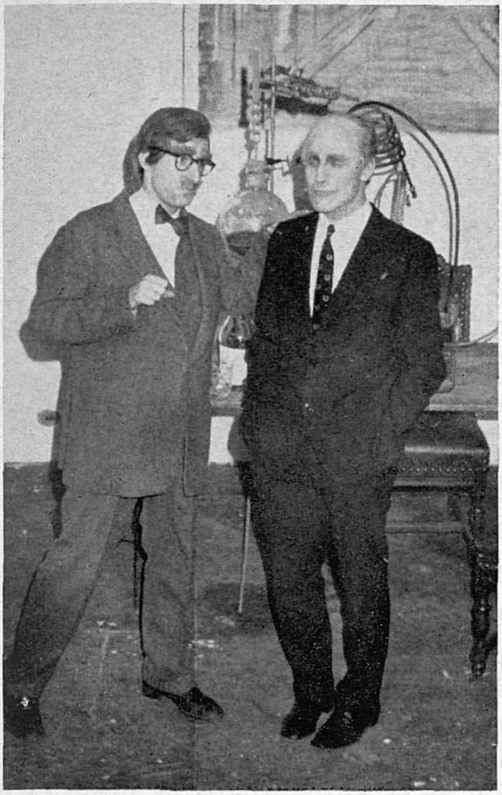
When this brew has reached its boiling point,
And alcohol combines with air,
Then cooled down to reach its foiling point,
I will have distilled KAIR.

This is the dawning of a new age for Hairymale,
A new page for Hairymale—
Oh, Hairymale—
Yes, Hairymale.

Some people say I've hippy eyebrows,
Others simply stand and stare.
But that's the way with low not highbrows,
Their minds I'll change with KAIR.

This is the dawning of a new age . . . etc.

With collecting specimens I'm through;
That's work for others in my team.
My advice to you, if you are new
And you don't know what I mean,
For things may not be what they seem,
Don't change nurses in mid-stream.
A fairy tale—
From Hairymale.



The Plot thickens.

With this drug I will be powerful,
And to the forefront I'll be hurled.
Now a lab; but soon a Towerful.
Clin Path today—next day the World.

This is the dawning of a new age . . . etc.

Following a brief telephone call, enter Mr. Rinder, immediately recognisable, and a tribute both to John Price who played him and to the make-up girls. Hairymale unravels the plot. One of his eggs has magic properties; when rubbed on the sleeve a Genie appears, a Genie who has given him the secret of a new drug, Kair. The scepticism of Rinder is dispersed by Hairymale's demonstration. A flash and the Genie appears, looking incredibly like a well-known Guy's nephrologist. The Genie's magical powers are used to bring on the fellow conspirators, first Mr. Junkinson, whose few lines of dialogue did not do justice to Michael Fortune, and Mr. Smeard, Alan Coulson as Mr. Smeard dominated the remainder of the scene. This is what he had come to see, the cartoon character, ruthlessly overplayed to everyone's delight except perhaps that of the recipient, although he, too, obviously enjoyed it. The villains are assembled, which is as good a cue for a song as any.

A Surgical Sieve

Randy's the name, though of course that's not true.
My idea of heaven's a hernia or two.
A gastrectomy's fun, but it don't make me smile
Like a fat, juicy, ripe, irreducible pile.

Yes, I'm Randy That's right he's Randy
I'm so handy He's so handy

If your inside's on the thin side, won't improve,

Call for Randy Yes, call for Randy.
I will remove He will remove.

John is the name, I've an Aston that's hairy.
Which is why all my friends call me double-o-vary.
I'm up against SMERSH and all unmarried daughters,
The **S**ingle **M**ums **E**xpecting **R**eal **S**oon **H**eadquarters.

Yes, It's John That's right it's John
I wont' be long He won't be long

If your outside's on the stout side, overdue,

Call for John Yes, call for John
I will review He will review.

Hugh is the name, you could say I'm in plumbing.
If your ball-cock needs fixing then I will be coming.
I'll examine your cistern so your waters can gush,
Once I've panendoscoped you'll be able to flush.

Yes, it's Hugh That's right it's Hugh
King of G.U. King of G.U.

If your flowside's on the slow side, do not grieve,

Call for Hugh Yes, call for Hugh
I will relieve He will relieve.

Now the wonder drug must be tried, the Genie summoning an unwitting guinea pig in the form of Mr. Crutchelor. Brian Rowlands made a most impressive entrance in touch-running kit, and again the make-up girls had produced a superb likeness, even down to the knees which, as always, looked in urgent need of a transfusion. Poor Mr. Crutchelor drinks the new drug and immediately becomes malleable and obedient. The Genie's power has been confirmed and he celebrates his triumph with this song :

Ingenious

I am a sex-linked dominant genie
From a rare and mutant strain.
I've a rather delicate body,
A computer for a brain.
My pedigree is colourful,
You could see it in my eyes,
But now the yellow's faded
Like the colour of my ties.

Miraculous, ingenious, I make no apology
I'm the hippiest, bippiest,
Most way out, in all nephrology.

I concentrate on kiddlies
That won't concentrate at all.
I get water out of stones
So urea's bound to fall.
My unit is a riot
It's better than show biz;
I supply the drama,
And the comedy's from Chis.

Miraculous, ingenious, . . . etc.

I'll talk all day and through the night
I'll never take a no
To get people spending pennies
For those who cannot go.
No matter where you are in Kent
If the situation's urgent,
I'll rinse you out on my machines
With N.H.S. detergent.

Miraculous, ingenious, . . . etc.

Hairymale gives Rinder further instructions. The Superintendent's sherry is to be doctored at a Committee meeting by the addition of the new drug. It may tase better, but the results are sure to be more malignant than usual. Our suspicions are reinforced at the closing of the curtain by a brief appearance of Professor Stripsem—dirty work must be afoot.

Scene 2 takes place in the Senior Staff Common Room. My heart sank at the sight of the long conference table, so often more like a coffin for many a scene of past residents' plays. My spirits rose with the appearance of the houseman and nurse, played by Ian Morris and Richard Dunhill respectively, if not respectfully. They made a lovely couple! Their song provided us with the traditional double entendres, the nurse's lyrics producing a quota of belly laughs:

The Old, Old Story

When I was a student nurse—and I was pre-clinical,
We'd do all the good things—we always did best.
You were so keen to get on with your studies,
That sometimes you'd let me examine your chest.

When I worked on Wilks ward and I got my lilac belt,
We'd meet every evening and be awfully gay.
I'd suggest Sophies and you'd want the cinema.
But mother told me I must always obey.

When I became a head nurse and I did midwifery,
We'd try to perform as we'd always been taught.
I show the place where the bedpans were dealt with,
And I'd close the sluice door before we got caught.

When I became a Staff Nurse and I was a House Officer,
We both shared the east wing and west wing at that.
Our weekends were spent in much loving and eating,
Until you'd found out I was running to fat.

Now I'm recovered from that vile condition,
They put you on night shift for six months or more.
We don't have so much fun, and I'm much more careful,
Hurry up darling, and do close that door.

When I become registered and go into practice,
We'll not see each other for many a day.
I'll think of you always when Pills, I'm prescribing,
Longing for times when together we'll play.

Refrain :

We'll go near, we'll go far,
Take me, take me, take me to the residents' bar.

Then the noise of approaching footsteps, under the table the couple go, and enter Dr. Sherywell, Dr. Welli-Mean, Dr. Harttick, Dr. McDean, Dr. Pneumanite, Mr. Crutchelor and Mr. Rinder. To some extent my misgivings at the beginning of the scene were borne out. The dialogue rarely seemed to get going, the characters were not developed, and no dominant figure emerged with the possible exception of Laurence Turner's Dr. Harttick, and John Price, whose portrayal of increasing villainy would have got him a part in a Mack Sennett film fifty years ago. The songs were good and well sung, but rather awkwardly placed. First that of the physicians :

" Proper Doctors "

Dr. McDean :

I was born a bonny bairn across the border
But I like to be the laird in London Toon
While sitting in the Deanery,
I love to watch the scenery,
The lovely lasses walking up and doon.
I am the Chairman of all councils and committees
I'm really rather like a referee
When my meeting's getting borin'
There's a whistle in my sporran,
And we all relax and have a cup of tea.

Dr. Pneumonite :

All the cut and thrust of coping with my colleagues
Is a challenge to a charming chap like me
I try to keep my smiles
While Smeard's about his piles
And Grimble's going on about V.D.
My piece is the palpation of the pectus
And percussion for the P-neumothoraces
If the daft and the demented
Use the valve which I've invented
Don't blame me for all the wretched pleurisies.

Dr. Harttick:

I am the diabetic debs' delight at Dorking
And the acidotic's answer at Redhill
And for girls who need injections
If Daddy's no objections,
I'll control them if I can using the pill.
But in Bermondsey I'm bristling and belligerent
The control of half my cases makes me cry
When they come back from the loo
All the urines should be blue,
But the nurse sees red and so do I.

Dr. Mean:

You may feel that I am an old-fashioned physician
And getting rather rigid in my ways
But I sell another book
Every time I say er look
Though I don't like mentioning royalties these days.
As a man I mean I'm hardly mesmerising
I'm reasonable with the residents when I try
What never ceases to amaze
Is why they put me in their plays
I mean I never say I mean I mean, do I?

Chorus:

One, two, three, four
What do you think physicians are for?
The way we keep you from the surgeon's knife and all
that pain,
We cure all ills with little pills, take water off the brain,
And if we were in Africa, we're sure we'd make it rain,
That's what a proper doctor is for.

Then that of the Superintendent:

A Super Super

Oh it's super to be super, to be boss,
To be always uncomplaining, never cross,
And if Cameron and Ogg
Try to treat me like a dog,
I'll transplant them to St. Olave's or New Cross.

Oh it's super to be super, such a thrill,
Commanding sick parade or dental drill,
And though Ellis and MacKeith
Sometimes make me grind my teeth,
One day I'll answer back, by hell I will.

Oh it's super to be super from my lair,
When I feel the spider's web stir I'm right there.
I even know the secret haunts
Of both Butterfield and Kauntze
(Though I have the feeling neither of them care!)

Oh it's super to be super, it's a breeze
And I always do my very best to please.
And the gulf I have to span
From Bill Crabbe to Willy Mann
It's not so simple, but I manage it with ease.

Oh it's super to be super, it's a gas
To leave behind the surgical morass.
Anaesthesia's more my line
But I think I'm doing fine
Supervising dopes and gasbags in the mass.

During the proceedings, Rinder laces the booze. The houseman and nurse are discovered. What they have been up to one can only guess, but I have never seen Ian Morris blush before. It immediately becomes apparent that the drug has worked. The recipients are excessively benign and accommodating, not a great change in some of them, but miraculous in others. Hairymale enters to observe his triumph, summons the Genie, and despatches the victims to the Intensive Kair Unit, ending Act I.

Act II opened quietly, giving little indication of what was to follow. The villains assemble, the victims are brought in, looking as if they had run riot in the King's Road. They are followed by new victims from Matron's Office. Again the make-up girls had worked marvels, to the extent that one or two of the players actually looked attractive. No names, no pack drill, but how about John Paine. Finally, in came Bow Bustley and the play moved into top gear, first with Bow's Blues, admirably sung by Mark Rumpus :

Boys will be . . .

Bow's Blues

One at a time we all go round
And march from ward to ward
It's the only way to stop ourselves
From all becoming bored.
So up and down and round we go
Come sunshine or come rain,
And once we've gone full circle
Then off we go again.

Oh, Bow Bow Bow Bow Bustley,
You are too muchly,
We love you, yes we do.

I'm the matron of this hospital
Bow Bustley is my name.
When you see me walking in my blues
I'll set your hearts aflame.
I swing my hips and flash my eyes
To those who pass me by,
But to special flames like Jock and Phil
Then I flash my bow tie.

Oh, Bow Bow Bow Bow Bustley . . . etc.

I came to Guy's, to my surprise,
And everyone else's too,
For I've worn green and red and pink
But never thought of blue.
To the office then I made my way,
And said, "Here I'm in charge".
I settled in, by the end of the day
Everyone called me "Sarge".

Oh, Bow Bow Bow Bow Bustley . . . etc.

We are the ones who do the work
For very little pay.
Both day and night, so there's no time
For us to have our say.
So let's shout loudly with one voice,
Let no one stay aloof,
Please join us in our campaign,
And help us raise the roof.

Oh, Bow Bow Bow Bow Bustley . . . etc.

When I greet all the patients with
"And how are you today?"
The sisters smile and so I know
I'm never in the way.
My term expires quite soon I think,
But no one's told me when,
So I'll stick around like Harold did,
And move to number ten.

The music swung, the cast swung, and the audience swung with them. But if we thought this was the highlight of the show we were wrong, because it was followed by a splendidly produced freak-out scene which had everything, good music, good action, and a striptease à la Hair if not quite down to it, which brought the house down. John Kelynack led the action with a song:

THE WK
JOCK THE ROCK

Freak-out

Pop Goes the Dean

Medicine is the life for me.
Hearts and lungs make a symphony.
Through the day or through the night
I'm never out of sight
For you'll find me in the Deanery . . .
  That's where I'll be . . .
    . . . in the Deanery.

Surgery, that ain't for me,
One false cut—a large red sea
Opens up before your eyes,
Before you realise.
No, you'll find me in the Deanery . .
  That's where I'll be . . .
    . . . no matter what the fee.

Gynaecology could be for me,
'Cos love is great when it is free.
To see but not to touch
Would trouble me too much.
It's safer in the Deanery . . .
That's where I'll be . . .
. . . extension 503.

Psychiatry, that's not for me.
I'll leave that to Stafford-C.
If you're crazy then you'll find
He's out of sight and out of mind.
Life's quieter in the Deanery . . .
That's where I'll be . . .
. . . not on T.V.
. . . no B.B.C.
. . . or Radio 3
. . . no, the Deanery.

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He showed a great sense of rhythm, and used the microphone like a pro. The result was better than Top of the Pops. Keith Stewart, Michael Fortune, Laurence Turner, John Osborne and the rest of the cast supported him marvellously, and the result was something that will not be surpassed for many a year. As they disappeared under a copious sheet, Professor Stripsem appears on the scene, summonses the law and the goodies are literally bundled off to end Scene 1.

The final scene portrayed the trial of the victims in court, presided over by Lord Justice Enceeby, amusingly played by John Dufton. Counsel for the prosecution is Professor Stripsem, well played, as one would expect, by Peter Davenport. The jury was composed of the villains, one of whom, Mr. Smeard, is called as witness for the prosecution. He declines the oath, but takes the surgical affirmation. As he rolled his trouser-leg up I thought this was the sharpest and best aimed barb of the evening. The scene is set for two more songs, first Professor Stripsem's :

A Very Forensick Song

I strip them, I rip them, I tear them in pieces.
I'm looking for clues that are so very small.
I've got to find them, for if I do not
The guilty will go free and the axe will never fall.

A young girl did not heed her sweet mother's warning.
She wandered alone in the wild wicked wood.
She was raped and then strangled by a passing marauder;
Her parents so wish that she had been good.

I strip them, I rip them . . . etc.

A young boy with the first blush of hair on his cheeks;
He climbed into a car, which he shouldn't have done.
They found him at last on the desolate moorland :
A sorrowing family's bereft of their son.

I strip them, I rip them . . . etc.

This could only have been conceived by a mind of pathological bent. Peter Davenport sang it well, cleverly backed by the jury. The final song was the funniest non-singing event of any play I can remember. Is John Dufton a new Chaplin, or were we witnessing a new syndrome of basal ganglia disease? By the end of the song my sides were aching, and hats off to John Dufton for putting everything he had got into it.

N.C.B. 1

When I was just a youngster, upon my father's knee,
I'd little intimation what the future held for me.
The firm resolve I made then, only now I realise
Its fullest implications, I must be the best of Guys.

For some grow up to govern and some grow up to serve.
It's a fundamental principle from which I never swerve.
Administration is an art—and all that kind of stuff—
And though God knows I'm artful, I'm also very tough.

I tried it out in Parliament for quite a little bit
But I found myself much happier with the miners in the pit.
Both places taught me lessons for my greatest enterprise:
To break down opposition and to raise the roof at Guy's.

I'll admit it's sometimes tricky coping with a number ten
And one or two I've known would have eaten lesser men
But I know what always makes me spurn the dust to win the
prize.
The self-evident importance of a great and growing Guy's.

By nature I'm an optimist, I've got a little song—
"When the red, red Roben comes hope, hope, hoping along"—
And for my greatest hope of all I'll not apologise.
To demolish all obstructions and to build a greater GUY'S.

The victims are found guilty, sentenced and led away. Surely the baddies have not triumphed. No—Hairymale drops his egg, the Genie crumples to the floor, and the goodies return to join Hairymale in a repeat of the opening song to close the scene. We were spared the traditional final song—never a success since "Night time in Bermondsey" and on one conspicuous occasion rapidly freezing a well-thawed audience—but we were entertained by encores and finally with a repeat of the freak-out scene with audience participation. A marvellous ending!

Overall, a most enjoyable play. I missed the traditional sharp political comment, I felt there were too many major characters portrayed so that few of them really had justice done to them, except by Sarah Lange and her make-up girls. But these criticisms are minor. I will remember this play for its humorous script, for the brilliance of the music, ably played by a mini orchestra producing maxi sound, but most of all for the professionalism of Andrew Seal's production. He brought the best out of a very good cast and sent us away happy, and after all, that's what the Residents' Play is all about.

The Anatomy Department has made an excellent videotape recording of the Play: unfortunately it cannot be preserved unless the cost of the tape (about £25) can be found.

I.G.McG.

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BOOK REVIEWS

ANTIBIOTICS IN CLINICAL PRACTICE

by Hillas Smith. Pitman Medical, 1969. pp. 346. Price 30s.

A comprehensive account of the use of antimicrobials in clinical practice written by a specialist in infective disease can only be welcome. The more so if it becomes expansive in those areas where the average clinician may run out of data, e.g. spectrum of activity, patterns of distribution within the body, side-effects, toxicity, contra-indications, drug regimes and their modification in the presence of various diseases.

Unfortunately these ideals are not wholly realised, and much of this book is merely a catalogue of information that can be found elsewhere. It does shine, however, in those sections concerning the use of antibiotics in particular clinical circumstances, e.g. meningitis, endocarditis and P.U.O., and also in relation to their use in situations such as renal failure, jaundice and immune deficiency. A clearer account of the action of these various agents at cellular level and the relevance of bactericidal and bacteriostatic properties (particularly with diagrams) would help. The discussion and tabulation of immune deficiency states and opportunistic infections warrants revision and expansion in view of recent developments in this field.

This volume will be of interest to all clinicians and bacteriologists, and with slight improvement it could become a very useful handbook.

W. G. Reeves

HUMAN BLOOD AND SERUM GROUPS.

O. Prokop and G. Uhlenbruck. J. Wiley and Sons, Inc., New York. Translated from the German by J. L. Raven. pp. 891.

This is a comprehensive and authoritative German book on human blood group serology. The English version is essentially a translation of the second German edition published, in 1966, which has been brought up-to-date by the inclusion of more recent work, some of which was added during translation and proof reading.

In writing the book the authors wished to summarize the extensive German literature, much of which was felt to be unknown outside Germany, and to integrate it into the wider world literature on blood group serology. Furthermore they wanted to present their own views on particular topics, and, finally, to present within one volume both blood and serum groups and their immunochemistry as part of the general subject of immunobiology. Apart from the numerous blood group systems the authors cover the haptoglobins, the prealbumins, the Gm serum groups and the Gm system, the Inv system of serum groups, gamma globulin groups, serum Gc groups, the serum β-lipoprotein groups and the cholinesterase groups. This list shows how comprehensively the authors have covered the field and in doing so present a clear discussion of the genetic basis of the fascinating variations shown by the serum proteins.

This is a most readable and highly informative book and will serve as a valuable reference book for those interested in blood and serum groups and their genetic basis. The material is very relevant for the forensic pathologist, for example, in the identification of blood stains and in paternity problems. The book is well and profusely illustrated. The English translation was most ably carried out by Dr. John L. Raven while he was Senior Registrar in Haematology at Guy's and the excellence of this English edition owes much to his efforts. There are over 3,000 references and a convenient list of the names and addresses of leading workers in the field is included. The book is well-indexed.

P.B.

SOLID STATE BIOPHYSICS.

Edited S. J. Wyard. pp. 424. McGraw-Hill, 1969.

The Editor and principal contributor is well-known to members of the School as the Reader in Physics. He is to be congratulated on assembling a number of reviews of physical techniques for investigation of molecular structures in their applications to biomolecules, for no other such compilation exists at this level of detail. Some B.Sc. students and certainly post-graduate research students will find the book most useful in providing readable surveys of complex experimental techniques and their theoretical background. Some three-quarters of the reviews are concerned with electron spin resonance in a variety of applications, the further topics being the double resonance technique in nuclear magnetic resonance, dielectric behaviour (by Dr. E. H. Grant, at one time lecturer in the Physics Department and now Reader in Physics at Queen Elizabeth College), Mössbauer spectroscopy and lasers (by Dr. R. C. Smith of Southampton University, who was a Ph.D. student of Dr. Wyard's).

It must be said that the title is misleading and might bettter have been "Some Techniques in Solid State Biophysics", for there are many other experimental methods which have given important results such as X-ray diffraction, nuclear magnetic resonance, optical absorption, microcalorimetry, etc. A further criticism which comes to mind in reading this volume is that the results obtained seem often to be disproportionately small in relation to the mind and machine power deployed. Were it not the custom to have rather solemn titles for such compilations, the book could well have been called "Six Techniques in Search of a Biological Problem". Where a problem can be well defined, e.g. "What is the precise spatial arrangement of atoms in a protein molecule?" then the choice of the appropriate technique of X-ray diffraction has yielded results of very great value, but it does not follow that the application of any particular physical technique to biological materials will give equally useful results if only enough expertise and electronics can be assembled. That this is the case is not made clear by the contributors generally.

W.G.

RECENT ADVANCES IN PHARMACOLOGY.

Edited by J. M. Robson and R. S. Stacey. J. & A. Churchill, pp. 557, £4 15s. 0d.

It is unlikely that many students will have heard of this book. To read it, or even parts of it is not essential to pass any examinations in the medical curriculum. The book contains nineteen review articles covering what the editors consider to be the more significant fields of advance in pharmacology over the last decade.

The editors, who do not contribute themselves, intended that this book should discuss a few of the problems presently confronting medical researchers. Although some of the chapters are mainly academic in content, some contain much information about which there may well be growing clinical interest over the next few years.

The chapter on immunosuppression, besides being topical, clearly explains how currently used drugs in this field are thought to act. A chapter each is devoted to Calcitonin, Interferon and Viral Chemotherapy, the latter being extremely good. The one chapter that is totally clinically orientated, "Clinical Pharmacology", is disappointing. Although it describes the approach to the clinical assessment of a drug, it is lacking in both depth and examples. This however, is handsomly rectified by other chapters on Gastrin, Anticholinesterases and the treatment of tropical diseases.

The present edition is the fourth in the series of Recent Advances in Pharmcology. Seventeen of the topics discussed are the same as were in the third edition, but now more extensively covered, and in addition sections on catecholamines and polypeptides are included. The standard of coverage is high and the comprehensive references at the end of each chapter usefully distinguish between review articles and other papers.

For serious students of medicine, pharmacology and physiology at all levels the book is extremely valuable. More especially for the latter two groups it provides a useful springboard for further study.

N.D.S.B.

NURSING SECTION

Efficiency —Or lack of it

When criticism is directed at the National Health Service, it is usually at the feet of Nursing and Medical Staffs that the blame is laid. Because they are, as it were, the front line troops, this is to some extent expected and accepted, as an occupational hazard by those concerned. In some instances, however, it might prove that the critics are misguided.

One of the greatest frustrations with which Nurses in every hospital have to contend, is the poor quality of the supporting non-medical services. It is very often these which are the cause of inefficiency, because they are themselves inefficient.

Most of the older established hospitals in this country have, like Topsy, just growed! This wave of development, however, has not carried with it the ancillary departments and they are frequently attempting to function under the same conditions as on the day they opened.

The satisfactory management of a ward depends, amongst other things, upon the thorough ordering of the various stores. This theory, however, becomes invalid when, despite adequate care by the nursing staff, the equipment is unobtainable owing to the fact that it has not been procured by the Supplies Department. Also, it is small consolation to the despairing Ward Sister, desperate for bed linen and clothes for her patients, to be told that in 1900 the laundry was the most modern in Europe, when nowadays, its most successful role would be to provide the perfect scenery for the filming of a Dickens novel.

In many hospitals, supplies are issued by a "topping up" system. This, however, is frequently done by people who have no conception of the requirements and is therefore a dismal failure.

As hospitals become larger and are grouped together, their various departments become more impersonal and even less efficient. Edicts are issued by people who have frequently never been inside a ward and these can only be viewed as petty restrictions by the long-suffering nurses. Very often, it also appears that false economies are employed. For example, it is decreed that Bovril may not be issued unless ordered by a doctor. Horlicks, however, remains freely available and cup for cup is the more expensive. Where then is the logic? Added to this, new developments are improperly planned. The Sister is told that she may order her stores on the first and third Mondays in the month. Nobody, however, has bothered to work out what happens when the month has five Mondays.

Other departments also have a direct effect on the wards. An ill-run Medical Records Department can, for instance, create havoc. In addition to this, is it right for the nursing staff not only to have to check that the pharmacy order has been returned, but also that the drugs have, in fact, been correctly dispensed?

The nursing staff are the one group in the hospital who bear the brunt of everyone else's deficiencies. When the Orderly is sick, who cleans the patients' lockers? When a 24-hour Physiotherapy Service is refused, who are expected suddenly to become experts for the night? Who cooks the breakfasts when the maid is ill? Who provides a portering service when there is none available? These questions are all, of course, rhetorical.

One of the reasons for all this is that nurses only benefit from overtime pay at weekends. They may, therefore, be abused with impunity. Other departments can claim to be short staffed and receive no rebuff. Since many of these staff have no contact with patients, they are very little concerned about them. These people appear to be totally oblivious to the fact that the wards are permanently short staffed. Nurses, however, cannot omit to feed a few patients to save time, or miss out the drug round. They just remain till the work is complete.

What then is the solution? It is firstly to award better remuneration to those in ancillary departments. Secondly, is it not time that hospital planners designed laundries and Supplies Departments before the patient areas? In this way the facilities would be adequate. It may be less exciting to lead the regiment from behind, but might it not prove more successful?

CORRESPONDENCE

Students' Club Vote

SIR,—While trying to get students to elect a new Council for the Students' Club, it has become apparent that very few students know what they should be voting for. The Council therefore thought that some attempt should be made through the *Gazette* to remedy this lack of awareness.

The rules of the Students' Club state that: "The Club shall be managed by a Council whose functions shall be:

(a) To administer the premises of the Students' Club.

(b) To encourage and promote cultural and social activities.

(c) To provide for the representation of the opinions of medical and dental students inside the Hospital, on the Students' Representative Council of the University of London Union and on official student organisations outside the Hospital.

(d) To administer the Book Exchange.

(e) To promote such other activities as the Council shall deem appropriate."

The Council consists of the following: A President, who is its Chairman; a Senior Treasurer, and a Senior Secretary, all elected at the Annual General Meeting; twenty-one student representatives, who are elected by ballot. From the clinical students so elected, and who have served on the Council for one year, the Student President is elected by ballot. His functions are to act as Chairman in the absence of the President and to be the principal student representative, both inside and outside the Hospital. The student secretary and student treasurer are also elected from among the representatives, but by show of hands at the A.G.M.

The Council spends many hours administering the Students' Club and, without the Council, facilities in the East Wing for students and social activities would not be available, nor would there be so much contact between Guy's students and U.L.U., B.M.S.A., and other similar bodies.

Yours faithfully,

R. G. BEARD,

President.

Guy's Hospital Students' Club,
Guy's Hospital,
London Bridge, S.E.1.

Well-Read Students?

SIR,—Could not medical students keep themselves informed of political affairs, as you rightly urge, by reading the *Times*, and express their opinions with dignity, if they consider it necessary, by writing to the Editor?

Yours faithfully,

R. H. R. WHITE.

The Children's Hospital,
Ladywood Middleway,
Birmingham 16.

Battered Brains

SIR,—In spite of Dr. Tudgay's disparaging letter to the *Gazette* (14.2.70), demonstrating his ignorance of boxing as an art form, the Guy's Boxing Club is having a good season.

That the sport is denigrated by a number of "do-gooders" such as Dr. Tudgay, is a pity. He has highlighted the danger of the sport and failed to point out the benefits. It is only necessary to watch a rugger match to realise the almost total disregard some players hold, not only for the brains, but for the whole of the anatomy of their opponents.

The danger to life and limb of a great many sports is frightening when viewed in a clinical manner. Who, one might think, would enjoy standing only 62 feet from a man projecting a $5\frac{1}{2}$ ounce red leather missile at anything up to 90 m.p.h.? Many seem to enjoy driving a car at an approach speed of 120 m.p.h. at a fellow sportsman, whom they aim to miss, it would appear, by four feet. Driving cars is a sport to many and one which certainly contributes to 20 lives lost and countless maimed a day on our roads. Boxing is a sport which has cost one life in the amateur ring since the war; tragic as this is and the brain damage which must have occurred to others, this is surely minor by comparison to many other sports.

Guy's Boxing Club is nearing its centenary year, when it might behove those who pour scorn on the art to count the benefits, apart from the pleasure it gives to the spectators. The fitness boxing requires, the discipline and particular brand of courage and self-control it demands, are all qualities to be admired and encouraged as much today as perhaps at any time in the last hundred years.

Yours faithfully,

R. B. JOHNS,

Vice-President, Guy's Boxing Club.

Dental Department,
Guy's Hospital, S.E.1.

SIR,—Whilst what Mr. Sheeran says in his reply to my enquiry about boxing may be sufficient to mollify any qualms he may have about the dangers of this sport, I am afraid it only serves, by its very naivety, to add to my concern.

Though no regular fan of boxing, I inevitably see and hear something of it on TV and in the Press and, even if I am mistaken in my impression that the object of many of the contestants is to club their opponent senseless, there is sufficient jargon bandied about by both contestants and commentators to confirm that this is, at least, a reasonable probability.

One would think, having read what Mr. Sheeran has to say, that unconsciousness is as accidental in boxing as it is in, say, pigeon racing. This is clearly not the case and, even though it may not be possible to demonstrate permanent brain damage as a result of being rendered senseless by what I believe our forensic colleagues call a contre-coup injury to the brain, I believe it questionable that members of the medical profession should support a sport where this is a very common occurrence indeed even if not admitted to be an intentional one.

Yours faithfully,

B. A. TUDGAY.

Broomden, Ticehurst,
Wadhurst, Sussex.

Tower House

SIR,—With regard to the naming of our new building, may I say how apt Tower House is. Why? Because the Tower of London is the most historical place in England, established over 800 years.

In 1917, coming back from France and being discharged from hospital, I was posted to our Reserve Battalion which was stationed at the Tower of London. How I enjoyed soaking in the history of it all. Knowing I was due for the next draft to France, I often looked across the river and wondered if I should see Guy's again.

As the new building looks over the Tower, I must say it should be called Tower House.

Yours sincerely,

C. S. NEAME.

Charnwood Cottage,
Charlton, Shaftesbury, Dorset.

SIR,—From these shores, far in distance, but not in spirit, may I add a suggestion to the list of possible names for the tower block?

I am in favour of retaining the use of the term "House" in line with most other buildings at the Hospital. I would also prefer the definitive name to be that of a person rather than a defunct Borough. It also occurred to me that this new building is, in a sense, a War Memorial being built on a bombed site, and that the Hospital and local people who suffered so grievously, deserve a memorial of this magnitude. There is, of course, only one name which is synonymous with the courage of the British during the war, and so, although I know of no direct link with the Hospital, I would suggest the tower block be called Churchill House.

I am, Yours sincerely,

CHRISTOPHER RODSETH.

Department of Physiotherapy,
University of Cape Town,
Observatory, Cape.

SPORT

SPORTS COMMENT—RUGBY CUP

Next week Guy's will face Bart's for the second consecutive year in the Hospitals Rugby Cup final. It is the third year now that Guy's have reached so high. Each of the previous years, we have been favourites and yet, due to some quirk of bad fortune, the cup has eluded us. Indeed, we haven't held the cup since 1966, when we beat St. Thomas's in the replay. From this only one meaning can be taken, Guy's Rugby really needs a win, the club remains the best of all the Hospitals, but has not been able to gain its rightful crown. It is for us all, and so we must be there to give our support.

The game is to be held at Richmond on Monday, 23rd March Guy's is turning out a strong XV, probably the best pack in the series so get out there on Monday week and give our side a cheer we really need it this year.

GOLF

The golf club is looking for new members this summer, so anyone who is good with the clubs and likes walking, join up. It is one of the most successful clubs at Guy's, winning the U.H. Cup and the London University team championship. If interested, contact Niel Davies.

ATHLETICS

It is to be hoped that all the aspiring sportsmen and women of Guy's are limbering up as it is only five weeks now to the athletics season. This, for Guy's, starts with the U.L.U. championships which we have won for six years now. So if you can run or throw something, get fit, as you are needed. Guy's have won because they swamp the field every year. Let's make this another good year. All the information will be down on the notice boards by the bar.

ROWING

Don't forget, with the summer season comes the major events for the Boat Club. It will be trying to get up the interest which made it so successful in 1969. Anyone who is good with oars should contact Peter Hunt.

RUGBY

GUY'S v. LONDON HOSPITAL

Semi-Final U.H. Cup.

At Richmond Athletic Ground, 19th February, 1970.

Result: *Won 9—6.*

Guy's are in the final once again—thanks to Elliot's boot—by scoring 3 penalties to 2. Despite the light rain, Guy's played better than against St. Thomas's, showing they have the skill if they can only put it to good use. A pass from the line-out which worked, Barrough breaking through the centre, and Forbes always on the loose ball, made Guy's look dangerous in the first half, and a try would have been just reward. However, two penalties by Elliot, one difficult, put Guy's 6—0 up just before half-time. This lead would have remained if Guy's generous nature of giving penalties away on or near their "25" had been abandoned for the afternoon.

In the second half, Guy's began to press very heavily, but no score came. It was a real pleasure to see the forwards providing a lot of loose ball, but the backs did not pass the ball quickly enough to give Ross and Novak room in which to move. Only rarely did these wingers get the ball, and then in a confined space. Reward came from another penalty by Elliot, who played very well, giving Guy's a 9—3 lead. London then began to rally and some half-hearted tackling by Guy's made them look far better than they were. During this rally, London were given a penalty right in front of the posts. With the resulting score 9—6, tempers hotted up, but Guy's never seriously looked like losing.

The pack were well drilled throughout with Neville and Stuart jumping well in the lines-out, particularly in the second half. Merrit's kicks into the box were often extremely good, and wing forward Forbes had an excellent game. Perhaps the most pleasurable surprise of the game was to see a prop forward bring off a successful tackle in the open!

Guy's certainly have enough to win this final, and there will be much to celebrate if they do. The most disappointing feature of the whole game was the lack of support for Guy's. Perhaps this may be remedied for the final.

Team: D. Elliot, J. Ross (captain), D. Barrough, S. Horsley, J. Novak, B. Rowlands, D. Merrit, A. Addison, G. Hey, J. Davies, R. Burt, D. Stuart, M. Forbes, C. Neville, I. Baker.

R. BLACKWOOD.

GUY'S v. ST. THOMAS'S HOSPITAL

2nd XV Cup Match.

Result: Won 26—6.

The 2nd XV opened their cup season with a resounding win against St. Thomas's at H.O.P.

Guy's began the game playing uphill against the wind on a pitch thankfully drier than the swamp conditions that have prevailed in recent weeks.

From the first whistle it was evident that the standard of "A" team play was as high as one has begun to expect in the past few years.

The pack, coached by Dr. Hugh Burry, provided the basis for victory by their purposeful play in both the loose and tight play, which in turn gave their hard running backs ample good ball with which to dominate an eventually demoralised opposition.

The front row of Burlinsom, Voss and Howell won the tight head battle 6—1, and, together with Hughes and Massey, this quintet were sufficiently strong to provide the talented back row of Fallowfield (the captain), Williams and Rigg, opportunities to start attacking moves from the fringe of the scrum.

Behind the scrummage, Crawford at scrum half, faced with a mass of possession, provided an intelligent link with his three-quarters, whilst contributing himself with two well-taken tries.

Scoutfield at stand-off, passed and kicked well, the latter especially in the second half, when Matthews and Druett in the centre, were well in command. Sommi and Armstrong on the wing, backed their centres up well, and the inside pass never failed to find a pair of eager hands. Danford at full back, played his usual immaculate unhurried game.

The game, however, was far from won when St. Thomas's scored on half-time to make the change over 6—3 down. Their effort in the second half was confined to a single opportunist try following a rare Guy's lapse. There were, of course, mistakes, but the gaps were well stopped by the team's tireless defensive cover.

In the next round the London will provide harder opposition, but the team must have high hopes of retaining the cup for the fourth successive year.

Scorers: Tries—Crawford (2), Rigg, Williams, Fallowfield, D. G. Scoutfield; two conversions and penalty—Danford.

BOAT CLUB

LONDON ROWING CLUB COLLEGES REGATTA

7th February, 1970.

The spring term is traditionally that of the longer distance events but the first was at Putney over only one mile and could be regarded as a warm up. On such a day almost any other sport would have been warmer and drier. The new first eight waited patiently at the start whilst conditions steadily worsened. The up-river crews were not used to such rough water as was shown when Clare College slowly sank from sight leaving only an undignified view of their cox trying to scramble on to the shoulders of the stroke. The same happened to Trinity College leaving Guy's to win by default.

The next round was when the tide had changed and conditions vastly improved. The mutiny in the crew having been quelled with whisky and toasted socks, they met and decisively beat I.C. 3 only to have to row straight back in order to row in the final. This was against the London Hospital and Wadham, Oxford who had not competed before. The crew made a valiant effort but were only a cold, unco-ordinated shadow of that seen in training and came in a close third.

Crew: G. Moulding, bow; M. Gleeson, 2; R. Pinkney, 3; M. Hunter, 4; D. Gillman, 5; P. Stevenson-Moore, 6; A. Batch, 7; N. Bax, stroke; F. Moorhouse, cox.

UNIVERSITY OF LONDON HEAD OF THE RIVER

25th February, 1970

There were several crew changes after the L.R.C. regatta because some members found themselves short of the essential commitment necessary for first eight rowing.

A few days before this most important first head our stroke, Nigel Bax, fell ill and Jim Miller gallantly stepped in. The stream had barely changed at the Putney start and was complicated for Guy's by a string of barges passing down just before so that they moved off in a vacuum some thirty seconds after the crew in front. Undaunted, they settled down well in the turbulent waters with a rating of 28-30. After Hammersmith, conditions improved. So do the crew and with the spurts at 34 they chained away from all opposition. Miller was stroking beautifully but the crew were responding as never before, gaining confidence rapidly on this only their second outing together. At Barnes, they were catching the crew so far ahead at the start. This gave extra energy for a last spurt to power through them to finish in a time of 22 mins. 24 secs.

This was enough to win, by more than half a minute, the Junior Head pennant and a place of fifth overall behind I.C. 1, Middlesex, Tyrian and St. Mary's all strong senior crews. Rising fourteen places from last year's position shows the potential realised.

The second crew regarded themselves as "Gentlemen" which was some travesty of the name intended to help disguise their lack of training. They came fifteenth, notable for being two places higher than the Bart's first crew. The third eight in their first head in a heavy old borrowed clinker made a gallant effort to come in twentieth position.

1st Crew: G. Moulding, bow; M. Denyer, 2; M. Gleeson, 3; P. Hunt, 4; R. Pinkney, 5; P. Stevenson-Moore, 6; A. Batch, 7; N. Bax, stroke; F. Moorhouse, cox.

We have had to postpone the proposed row from Oxford to London because of lack of sponsorship.

ASSOCIATION FOOTBALL

GUY'S v. CHARING CROSS

Wednesday, 18th February. U.H.L. At H.O.P.

Result: Won 5—2.

On a very wet Honor Oak Park pitch, Guy's were hoping to repeat their 3—2 defeat of Charing Cross last November.

Conditions were obviously going to make things difficult for the defences, and indeed the Charing Cross goal came under some heavy pressure from the Guy's attack. The excellent opposition 'keeper was forced to bring off some fine saves before he was finally beaten by a clever piece of football by Ian McClure to put Guy's into the lead. With half-an-hour gone, Carter in the Guy's goal, had hardly been troubled, and it was somewhat against the run of the play when Cross equalised through an opportunist goal.

Changing round with the score at 1—1, Charing Cross went into the lead through an amazing offside decision (or rather lack of it) from the referee. Fortunately, however, the Guy's attack was playing well, creating many openings, and within five minutes had equalised through Godman. By now, Lindridge, Godman and McClure had got complete control of the midfield, and were creating uncharacteristic gaps in the normally solid Cross defence. When McClure put Guy's ahead in a breakaway from the half-way line, the game, as a contest, effectively finished with the home defence keeping a close watch on Leonard, the U.H. striker, and the rest of the Cross attack looking anaemic, Guy's were able to mount incessant attacks on the Cross goal. The visitor's goalkeeper was in fine form, and he alone stood between Guy's and a hatful of goals. In the end we had to be content with goals from Drage and Lindridge to complete the scoring. Incidentally, Guy's missed another penalty, this time the culprit being the normally dependable Dave Lindridge. The unfortunate victim was entrusted with the job after the regular penalty taker, your correspondent, had missed two consecutive penalties, so a new penalty taker is required—any offers?

Team: M. Carter, D. McConnell, P. Evans, R. Lovell, M. Brummell, A. Godman, D. Lindridge, J. Edwards, A. Valentine, I. McClure (captain), S. Drage.

R.L.

MIXED HOCKEY

GUY'S v. ST. THOMAS'S

At H.O.P. Result. Draw 3—3.

Despite the misdirection of several Tommies' players to Teddington, their captain, Joanne Tallett-Williams, managed to muster a strong side with the aid of John Wakeham. This together with the impartial Guy's umpire, Nigel Harridene and his adviser, Peter Stevenson More, enabled a fair match to be played and drawn. Play commenced in the Miller and later was adjourned to H.O.P. In the first half, the females were forward and attacked their opposing males vigorously although Tony Holland and Mags had some trouble concentrating on the ball. Geraldine's motto seemed to be "Both sides now" but was good in defence. The standard of play, both on and off the field, was very high. Half-time found Guy's trailing 2—0 after a combination of bad Guy's covering and blatant offside by Tommies' forwards. The second half started with a subtle change of tactics by Guy's, our men now being forwards and Brian Martindale soon opened our scoring with a memorable goal. After this Guy's men took their chances well and thrust hard into Tommies' territory. Roger Burns equalising after some good dribbling. At this stage passing had improved and our ladies showed themselves to be capable hockey players, especially Margaret Perfect and Sue Smart. Unfortunately, Tommies scored just before full-time but the now well-trained Guy's umpire was advised to have an extension in our best interests. This surprisingly resulted in John Cottingham netting the equaliser two seconds before this final whistle.

The game was played in pouring rain and mud so that several players, namely Ian Cooper and Allison Lander complained of over-exposure but gamely joined in the aprés-hockey festivities of darts, clap-clap and other amusements. A most entertaining evening finished shortly after closing time in the Lower Grapes in true Guy's fashion.

Team: Sue Smart, Geraldine O'Connor, Allison Lander, Margaret Perfect "Mags", Brian Martindale, John Cottingham, Ian Cooper, Roger Burns, Tony Holland and Barry Jones (Captain). Umpire: Nigel Harridene; Adviser: Peter Stevenson-More; Fifth Columnist: John Wakeham.

B. M. J. JONES

HOCKEY

BART'S LOSE AGAIN

U.L. Cup Semi-Final. Won 3—1.

In a replay of the drawn match a fortnight before, Guy's and Bart's met at Chislehurst on 25th February.

Most of the early attacking was by Guy's, but it was soon apparent that the great danger from Bart's was their quick breaks from defence, and on several occasions in the first quarter-of-an-hour, Guy's looked overstretched at the back. However, the majority of the play remained in the opposition's half of the field and, after a half clearance from a short corner, Goodhart shot just wide. Five minutes before the interval, Burns deflected in a short corner to give Guy's a very well deserved 1—0 lead.

At the start of the second half, Bart's exerted their only consistent period of pressure in the match, but it produced only one serious shot which was stopped on the line by Vellacott. Twelve minutes into the second half, Crafts converted a short corner and Guy's really came to life. Burns nearly scored with a fine reverse stick shot from the edge of the circle, which was followed by Guy's third goal. A splendid piece of hockey, starting with Burns in midfield, passing out to Walker on the right and touching the return cross into the back of the net. Two minutes before the end, Bart's earned themselves a consolation goal from a short corner.

From a fine team effort, one must mention Vellacott and Kendrick, outstanding in the sound defence, and Burns in the attack—not only for his goals, but also for all the running back and covering back which he contributed.

Guy's now move through to their second final of the season, the other being in the U.H. cup. Support for both these games will be most welcome. The U.L. final is on 11th March.

Team: Clark, Vellacott, Crafts, Goodhart, Pearson, Kendrick, Burns. Walker, Clark, Fell, Willmer.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the appointment of temporary Junior Medical **Registrar** from 1st April to 30th September, 1970. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1, not later than **21st March, 1970.**

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1.

Department of General Practice.

Applications are invited for the following posts:

A part-time Senior Lecturer/Lecturer. The successful applicant, an experienced general practitioner, will join the Head of the Department in providing care for the new community of Thamesmead. Remuneration will be derived in part from N.H.S. and in part from *academic funds. For further details see advertisement unders "Partnerships Offered" in the* B.M.J. of 14th and 21st March, 1970.

Research Asssistant (Lecturer Status) with salary in range £1,885—£2,590. The appointment, which will be limited to a year, is for a doctor with some knowledge of the problems of general practice, who will help to develop *the teaching and research aspects of the* Thamesmead project. He may have the opportunity for limited clinical work either at Guy's or Thamesmead. At the end of the year he may be able to undertake responsibilities for N.H.S. patients at Thamesmead on the lines of appointment No. 1 above. Application form obtainable from the Dean.

Applications are invited from medical graduates for the post of **Lecturer** in the Department of Haematology. The duties of the post will be largely teaching and research, with the opportunity to participate in the routine clinical work of the Department. Appointment to commence as soon as possible. Salary in range *£1,885—£3,020, according to qualifications and* experience, with superannuation. Applications should be made as soon as possible on a form obtainable from the Dean.

Lecturer required in the Department of *Chemical Pathology. Appointment for two years* in the first instance. Duties include undergraduate teaching and provide ample opportunity for research. Applicants should hold a medical qualification and have a special interest in clinical applications of immunology especially as related to the structure of normal and pathological immunoglobulins. Further information from Professor S. Cohen, Department of *Chemical Pathology. Application form obtain*able from the Dean.

CHANGES OF ADDRESS

Dr. R. A. F. Cox, 241 Lowestoft Road, Gorleston-on-Sea.

For appointed two years:—Dr. and Mrs. D. J. Hendrick to Sydney Hospital, Macquarie Street Sydney, N.S.W. 2000, Australia.

BIRTHS

BRICE—*On 1st March in America to Victoria* (née Brain, S.R.N.) and John Brice, a daughter (Emma Victoria).

SEARLE—To John and Elizabeth Searle (née Johnson) at Brighton General Hospital, on 24th February, a daughter (Rebecca Mary) a sister for Timothy John.

DEATHS

BELLINGHAM SMITH—On 5th February, 1970, Eric Bellingham Smith, M.D., F.R.C.P. at the age of 88. Formerly Consultant Physician at St. George's Hospital and Queen Elizabeth Hospital for Children, London.

TOOTH—On 15th September, 1969, Frederick Tooth, O.St.J., M.R.C.S., L.R.C.P., D.P.H., D.T.M., *at his residence at Coal Point,* Toronto.

Memorial Service

A Memorial Service for Mr. S. H. Wass, M.S., F.R.C.S., will be held in Guy's Chapel on Monday, 16th March, at 12.30 p.m.

GUY'S HOSPITAL GAZETTE

EDITORS R. S. TROMPETER and S. M. KILPATRICK

SPORTS CORRESPONDENT T. W. HIGENBOTTAM

NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2131

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Unity or Loss of Identity

In recent years the trend has been for the professional worker, in his individual groups to seek the protection of the unions in safeguarding both professional and economic interests. As an almost traditional ritual, wage claims and claims for the improvement in working conditions have been voiced to both employers and governmental departments. Hardly a week passes without another barrage of strikes, wildcat or otherwise, or demarcation disputes to add to the already tumultuous state of present-day industrial relations. It could well be that the well-worn Dickensian connotation of "asking for more" has lost its poignancy.

The Medical Practitioners' Union, in existence since 1914, and currently affiliated to the T.U.C., has devoted its efforts to improving the conditions of service of the general practitioner. This union, however, has failed to attract widespread support from hospital doctors.

Mr. Clive Jenkins, General Secretary of ASTMS (Association of Scientific, Technical and Managerial Staff) has given initiative to a merger of the MPU with his own, most powerful union for professional workers in the country. If and when this merger goes through, dependent on the result of a referendum amongst its members, the MPU, although swallowed by a giant, will have its powerful backing. Assurances have been given that the MPU will retain its name, have complete autonomy for medical and editorial policies and elect its governing council and representatives to other medical bodies. The political levy to the Labour Party will not be payable by the members of this union—the sugar coating on the pill? Nevertheless the services of experienced trade union negotiators will be readily available.

This merger is a threat to the medical practitioner as an individual. An individual who by virtue of his responsibility and importance to the public should be a member of an exclusively medical union not a moiety of a giant professional workers' association.

Within the MPU a shoot has arisen in the shape of a Junior Hospital Doctors' Section, a possible future rival of the J.H.D.A. They offer no real new policies but speak with more militancy than the J.H.D.A. This new "young guard" has drawn up a charter in which the combat against racial discrimination in medicine features prominently, particularly the plight of the overseas doctor. They claim that a strong union will facilitate in negotiating with the hospital authorities terms of service and duties. Demands for a forty-hour week, overtime benefits, compulsory off-duty and adequate accommodation are called for. Emphasis is given to the necessity for higher standards of training at a postgraduate level and improvements in the N.H.S. which would be to the advantage of the patient, including the abolition of private practice within the N.H.S. hospital service. An impressive manifesto which will no doubt attract many junior hospital staff.

Palpitations

One of the hazards confronting any student or practitioner of medicine is the fear that he will succumb to serious illness. Therefore any ache or pain is taken to be the herald of grave disorder, and the syndrome of "occupational disease" is born.

This syndrome can be identified by two characteristics. First, the imagined disease is always serious. Second, the disease is never mundane but always of an exotic nature [especially if the sufferer is blessed with a vivid imagination].

Clinical features : like Brucellosis, the symptoms are "of insidious onset and protean manifestation". However, positive signs are almost invariably absent and all investigations are normal.

One of the commonest presenting features is lethargy. Whereas a layman attributes this to the normal stress of daily life, a medical person will find a more sinister explanation : Addison's Disease is one that readily springs to the mind of someone at Guy's. Alternatively, a student may remember that lethargy is one of the first symptoms of Diabetes Mellitus, which would also explain his polydypsia and polyuria. The alternative explanation, that these symptoms are due to alcoholic excesses of the previous evening, is conveniently forgotten.

What of treatment? This is inadequately covered in all medical texts. It is best covered in the scientific works of one Jerome K.

Jerome ["Three Men in a Boat," London, August 1889] in which the author describes a severe attack and the treatment he was given.

His doctor's prescription was as follows :—

"1 lb. of beefsteak, with one pint of bitter beer every six hours.
1 ten-mile walk every morning.
1 bed at 11 sharp every night.
And don't stuff up your head with things you don't understand."

It is only necessary to add that the prognosis, whether the disease is treated or not, is excellent.

New Consultant Posts

We offer our congratulations to the following Guy's men on their recent appointments. Dr. E. R. Herst, M.D., D.P.M., appointed Consultant Psychiatrist to the Bexley and Woolwich hospital groups, and Mr. P. C. Shaw, F.R.C.S., appointed Consultant Orthopaedic Surgeon to the Bromley hospital group.

New Cross Breast Unit

The world's first purpose-built Breast Unit was officially opened on 10th March by Lady Atkins. The project cost over £125,000 and was financed jointly by the Department of Health and Social Security and the Guy's Hospital Endowment Fund. We shall be publishing a complete review of the Breast Unit in the next issue of the *Gazette*.

1970 M.D.U. Prize Essay Competition

The Medical Defence Union is again this year offering prizes in two essay competitions, one for Medical Students and one for Dental Students. 1st prizes will be £100, and 2nd prizes £50. The subject of the essay for medical students is, "The Rights of the Patient and the Rights of the Doctor", and for dental students it is, "The Responsibilities of the Dental Profession in the Community." It will be seen that the subjects of both these essays touch on medico-legal matters, which should interest all students, particularly those about to qualify.

GUY'S DIARY

APRIL

6	M	1.00	Clinical Lecture. Dr. FLEMINGER.
9	Th	1.00	Clinical Lecture. Mr. GLOVER.
10	Fr	4.00	Transplant Lecture in Clinical Theatre. Mr. F. G. ELLIS. "Immuno suppression."

MAGNETIC RESONANCE SPECTROSCOPY IN BIOLOGY AND MEDICINE

A Report on Research in the Physics Department

by S. J. Wyard

When I was asked to write an article on current research in the Physics Department, it was apparent that to cover all that is going on would result in little more than a catalogue. It seemed better to concentrate on one of the major projects which could then be treated in reasonable detail. A fairly complete list of research topics appeared in the *Gazette* a year ago, and an account of pulsatile blood flow, another major project of the Physics Department, was also given in the *Gazette* recently.

TECHNIQUES

Magnetic resonance spectroscopy has much in common with the more familiar optical, ultra-violet and infra-red spectroscopies. In all these techniques electromagnetic radiation is passed through a sample of the material of interest. From the spectrum, which shows the absorption of the radiation plotted against its wavelength, information can be obtained about the sample on an atomic or molecular level. The special feature of magnetic resonance spectroscopy is that the sample is placed in a magnetic field while the spectrum is being recorded. This implies that the species responsible for the spectrum have a magnetic moment. The two basic constituents of matter which possess a magnetic moment are electrons, and certain nuclei; and these lead to two branches of magnetic resonance, electron spin resonance (ESR) and nuclear magnetic resonance (NMR). The magnetic moment of the electron is more than 1,000 times larger than that of the nucleus, which leads to differences between ESR and NMR in the apparatus used, in the type of spectrum obtained, and in the applications; but there are also many features in common. The Physics Department has been active in ESR for over 10 years, and has recently started work with NMR.

All electrons are identical, with the same magnetic moment, but practically all electrons go in pairs, with the magnetic moments cancelling out. Hence most substances do not give an ESR spectrum; and this is a limitation on the use of ESR. The species which do give a spectrum are usually divided into two groups : radicals, where the single electron is a valence electron which takes part in normal chemical binding; and the ions of transition elements, such as iron, copper and manganese, when in the correct oxidation state. The scope of ESR in biology and medicine has been extended by two methods of producing radicals artificially, either by the use of ionizing radiation, or else by the use of the "spin-label" technique. Ionizing radiation breaks molecules up into fragments, many of which are radicals, and therefore give ESR spectra from which they can be identified. A "spin-label" is a stable radical which has been synthesized chemically, and which in solution will bind to a biological molecule; changes in the ESR spectrum of the spin-label give information about the biological molecule. ("Spin" is the word used in ESR to describe a single electron.)

There are many magnetic nuclei, which have different values of magnetic moment; but in most biological and medical works the NMR spectrum is due solely to protons.

With both ESR and NMR three kinds of information can be got from the spectrum. Firstly, the intensity, or area under the curve gives the concentration of spins (or number of protons) in the sample which are responsible for the spectrum. Secondly, the positions and heights of the various peaks in the spectrum identify the radical (or the chemical group which contains the protons). Thirdly, the widths of the peaks and, in the case of NMR, their precise position, gives information about the environment of the magnetic centre; for example, its rate of movement, or its spatial relationship to other parts of the molecule. Since the position of the peaks can often be measured with an accuracy of 1 part in 10^7, or better, very precise information can be obtained in this way.

STUDY OF RADIATION DAMAGE

Radiation damage in biological materials is a complicated and specialised subject, but one of importance because of the medical use of ionising radiations. Nearly all irradiated materials contain radicals, and these can be detected, measured and identified by ESR. The Physics Department has been active in this field and has studied radiation damage in water and in aqueous solutions of hydrogen peroxide, where the perhydroxyl radical, HO_2, was identified; in amino acids; and in nucleic acids and the constituent bases, nucleotides and nucleosides.

Some varieties of ionizing radiation are more efficient than others in damaging cells and tissues. These differences are due to the different spatial distributions in which the radiation energy is deposited in the material. Methods have been worked out in the Physics

Department whereby, from the shape of the ESR spectra of irradiated materials, the local concentration of the radicals can be measured ; and thus the spatial distribution of the energy deposition can be determined.

BIOLOGICAL TISSUES

Most biological tissues in their native state give ESR spectra. The intensity is low and the resolution is poor, but the spectra can be resolved into a part due to radicals and another part due to metallic ions. The radicals seem to be situated in the mitochondria, and are presumably flavins from the electron transport chain. The metal ions are located partly in mitochondria and partly in ribosomes, and include iron and manganese. These findings have led to important contributions of ESR to enzyme biochemistry.

There are also more direct medical applications, since in certain conditions the ESR spectrum is different from that in normal tissue. In cancer, for example, the radical spectrum is of lower intensity, and the metallic ion part of the spectrum is quite different from normal. Again, in obstructive jaundice the radical spectrum from a liver biopsy is about three times as intense as normal; and it has been suggested that ESR would be a good method for a differential diagnosis between obstructive and non-obstructive jaundice.

PROTEIN CHEMISTRY

The revolution in biology which has occurred in the last twenty years comes from a greatly increased knowledge of the structure of biological macromolecules; and this knowledge has come almost exclusively from X-ray diffraction studies. These are limitations to the use of X-ray diffraction, however; notably that molecules can only be studied in the form in which they will crystallize, and that the resolution is limited to about 2 Angström. These limitations are avoided by the use of NMR.

In any molecule the position of the peak from a given proton depends on its chemical environment. In a protein, the position depends also on the position of the proton in the molecule as a whole, i.e. on the shape of the molecule; and any changes in the overall shape may be revealed by changes in the positions of the peaks in the spectrum. The snag is that in a protein molecule there will be several hundred peaks, many of which will overlap. However, the use of high resolution NMR enables a number of peaks to be resolved; and if the structure of the molecule is known from X-ray diffraction, it may be possible to assign these peaks to particular residues in the protein.

For example, in the case of ribonuclease, four peaks were identified as due to histidines 12, 48, 105 and 119. The positions of these peaks were then followed, as various inhibitors were added to the solution, and also as the pH was changed. From these measurements it was possible to deduce the changes of shape of the ribonuclease, and the mechanism of action of the enzyme, when binding to its substrate. Similar results have been obtained for lysozyme.

IMMUNOLOGY

As biological systems become more complex, their spectra, both ESR and NMR, become less well resolved and less meaningful. In order to obtain useful spectra it is necessary to study small molecules which interact with the larger system. This has been done for both ESR and NMR by the use of haptens, small molecules of known composition which will combine with a larger molecule (e.g. serum albumen) and will then precipitate an immunological reaction. Spectra are recorded for the hapten alone and then in solution with its antibody. With NMR a particular proton peak in the hapten is observed; with ESR the hapten has to be attached to a spin-label in order to obtain a spectrum. In either case there is a pronounced change in the spectrum when the antibody is present, indicating that the hapten is tightly bound to it. It is also possible to determine the number of binding sites per antibody molecule.

MEMBRANE BIOPHYSICS AND DRUGS

Here again it is necessary to record spectra of small molecules which interact with membranes in order to obtain useful spectra. For example, NMR spectra were recorded of a number of alcohols, which act as anaesthetic agents, in the presence of membranes of various kinds. When the concentration of alcohol reached a certain value, which correlated with its anaesthetic potency, a marked change in the NMR spectrum was observed, which was interpreted as being due to a break-up of the structure of the membrane.

Membranes have also been studied by means of the ESR spectra of spin-labels which were incorporated in them. For this purpose steroid spin-labels were found to be most useful.

In the Physics Department two studies on membranes are now in progress. One is concerned with gramicidin, a drug which makes membranes more permeable to cations. The experiment is to attach gramicidin to a spin-label and to observe changes in the ESR spectrum when membranes and cations are added to the solution; with the object of clarifying the mode of action of gramicidin. The second study concerns myelin, and uses NMR. From the spectra of ground-up myelin in aqueous suspensions it is possible to measure the fraction of water which is tightly bound to the membrane. By repeating this measurement under various conditions it may be possible to decide where the water is bound in the membrane, and hence to get a clearer picture of the interaction between protein and lipid in the membrane.

HAEMATOLOGY

Erythrocytes naturally give an ESR spectrum from haemoglobin, although the iron has first to be put into the ferric form. Certain of the abnormal, or variant, forms of haemoglobin, in which some of the iron is normally in the ferric state, give interesting spectra, characteristic of the particular variant, and from which it can be easily identified. The spectra also help to locate the change in the haemoglobin molecule responsible for the change in physiological function; e.g. in haemoglobin-M Hyde Park, in which tyrosine has been substituted for histidine in position 92 of the β chain, the change in the electric field of the iron is responsible for the fact that the β chains cannot be oxygenated.

Transferrin has also been studied by ESR.

Stimulated lymphocytes are being studied in the Physics Department, using ESR spectra to investigate differences between stimulated and normal lymphocytes.

CONCLUSION

Magnetic resonance spectroscopy, ESR and NMR, has rapidly developing applications to many aspects of biology and medicine. The Physics Department, working in collaboration with several other departments in the Medical School, is taking an active part in a number of these applications.

SUGGESTIONS FOR FURTHER READING

Wyard, S. J. "Solid State Biophysics" (McGraw-Hill, 1969)

Hamilton, C. L. and McConnell, H. M., "Spin Labels", in "Structural Chemistry and Molecular Biology" (W. H. Freeman and Co., 1968).

Bradbury, E. M. and Crane-Robinson, C., "High Resolution Nuclear Magnetic Resonance Studies of Biopolymers", Nature **220**, 1079 (1968).

NOTE:

A meeting of the British Biophysical Society on "Magnetic Resonance Spectroscopy in Biological Systems—ESR and NMR" will be held on Tuesday, 14th April, in the Physics Department. This meeting is open to all, whether members of the British Biophysical Society or not.

Incidentally, this will be the first occasion on which the British Biophysical Society has visited a Medical School.

A HISTORY OF THE GUY'S HOSPITAL BOAT CLUB

II. Between the Wars: 1920-1938

by

D. K. C. Cooper

Vice-President G.H.B.C.

The Guy's Hospital Boat Club, founded in the 1840'*s, appears to have lapsed into a state of inertia in* 1889. *Some* 31 *years later it was reformed, and immediately experienced a period of great success. The* 1920'*s, and to a lesser degree, the mid-thirties, proved to be the more successful era in the history of the Club. It is interesting that the early part of this period should correspond with the really great years of the Rugby Club. A review of the* Gazette *of the early twenties informs us that Guy's sporting prowess was at its peak during this period, and the Hospital carried off most of the Inter-hospital trophies.*

1920's

On 24th July, 1920, we read in the *Gazette* that, "A General Meeting was held a few weeks ago, and it was decided to form a Rowing Club in connection with the Hospital. Mr. Davies-Colley was elected president and Dr. Ryffel vice-president; the committee was to consist of five members and the Secretary. The following were elected:—Committee—Messrs. M. E. Shaw, F. N. Roberts, J. C. Rowbotham, G. C. Hughes, R. R. Macintosh, Hon. Secretary: F. C. Miller.

It was decided to call the club "Guy's Hospital Boat Club", and that it would be most advantageous to affiliate with the London Rowing Club, to use their premises, their boats, and their coaches, and give them the services of Guy's members who are willing to row for them."

Members had to pay £2 2s. 0d. entrance fee, but yearly subscriptions were covered by a Clubs' Union grant.

INTER-HOSPITAL RACE VICTORY, 1920

The Club off to an excellent start winning the Inter-hospital Rowing Cup from Bart's, the holders, on 31st July, 1920. The *Gazette*, (7th August, 1920), notes: "It must be many years since a crew from this Hospital competed for this trophy, which was founded in 1885, and an exhaustive search amongst the names of the winning crews inscribed upon the Cup compel us to admit that we have never won it before."

In the report on the race the correspondent points out that there were many Inter-hospital races before 1885, but whether there was a cup was not known. As we have already seen, there was at least one earlier Cup, and, indeed, Guy's had won it.

The actual race, rowed from Putney to Hammersmith, proved to be most exciting, the result being in doubt till the last few strokes.

There had been no race since 1913, when light coxswainless boats had been used for the first time ever. They were again used in 1920 and resulted in a collision due to faulty steering by Bart's. The umpire, Mr. H. S. Souttar, (of the London Hospital, and President of the United Hospitals' Rowing Club), who was on the launch with Sir Alfred and Lady Fripp of Guy's, stopped the race and asked Guy's if they wanted to claim the race on a foul. This they refused to do and asked to be started again from where they were. Guy's took a lead of one length, which they maintained until past Harrods, when "St. Bartholomew's came up fast and Guy's were unable to respond. It looked for a time almost as if Guy's would be defeated, but they pulled themselves together and just managed to secure the verdict by a quarter of a length".

This must have been a gruelling race for the crews for there was never more than one length between them over a distance of approximately 1½ miles. The Guy's crew consisted of: Bow, R. S. Chambers; 2 (Steers), M. E. Shaw; 3, F. C. Miller; Stroke, A. T. Fripp.

FOUNDATION OF U.L.B.C., 1921

In 1921 a University of London Boat Club was inaugurated. Inter-College races were to be arranged, and "it was further suggested that at some time, inevitably rather remote at present, a London University crew might participate in the Annual Inter-varsity contest from Putney to Mortlake". This has not yet and will probably never come about, though on the few occasions in recent years that U.L.B.C. has met the crews of the older Universities, London has proved the better crew. The writer of "Passim" concluded that it will rest largely wtih the keenness of individual men and Colleges to make the U.L.B.C. a success", and a success it has certainly become, providing several international crews in recent years, including the 1968 Olympic eight. Guy's men have played a part in these recent successes.

Guy's repeated its success in the Inter-hospital Challenge Cup in 1921, beating Bart's convincingly by 3 lengths. Two launches followed the race conveying the Umpire and spectators. The Guy's coxless four was coached by Mr. H. S. McLaren of the London Rowing Club, and consisted of A. S. Gough (Bow), G. C. Hughes (2), K. O. Parsons (3, steers), and R. S. Chambers (Stroke).

In that year the Boat Club held a dance at the Wharncliffe Rooms, Great Central Hotel, Marylebone. Dancing was to the Swastika Syncopated Orchestra, tickets were 25s. double (including Buffet Supper), and many eminent members of the staff of the hospital attended. Evidently a dance had been held the previous year, and was considered a considerable success. In August 1921, the Blues Committee passed the following resolution:—" that not more than four Half Blues were to be awarded to the Boat Club annually provided that there be a Inter-hospital Race".

F. C. MILLER

The committee of the Boat Club decided to adopt the name of "Guy's Hospital Rowing Club" instead of "Boat Club" in order to avoid confusion with the Boxing Club initials on Half Blue blazers.

At the A.G.M. in 1922 F. C. Miller was elected Captain and R. S. Chambers Secretary. In that year a Junior race was also included in the Inter-hospital event. This was for clinker fours and was evidently a revival of junior races which had been held before the First World War. "Passim" urged supporters of the Club to spend three shillings on a seat in a launch to follow the races, or to "arm themselves with revolvers after the manner of undergraduates during eights' week at Oxford. Revolver practice on the towpath would help materially in furthering the objects of the Brighter London Society". Bart's and Guy's were the only hospitals to enter crews and Guy's won both races, each by three and a half lengths. (First crew: Bow Steers, R. S. Chambers; 2, G. C. Hughes; 3, K. O. Parsons; Stroke, F. C. Miller. Second Crew: C. H. C. Toussaint; 2, A. Tong; 3, E. T. Clifton; Stroke, A. S. Gough; Cox, D. Vaughan.

In 1923 the course of the Inter-hospital races was changed. The senior race was rowed from Hammersmith Bridge to the University Post, and was raced in clinker-built eights instead of coxless fours. The junior event, from the Mile Post to the University Post remained in clinker coxed fours. Arrangements were made for a steam launch to take followers from London Bridge to Hammersmith to follow both races.

MR. HYLTON-CLEAVER

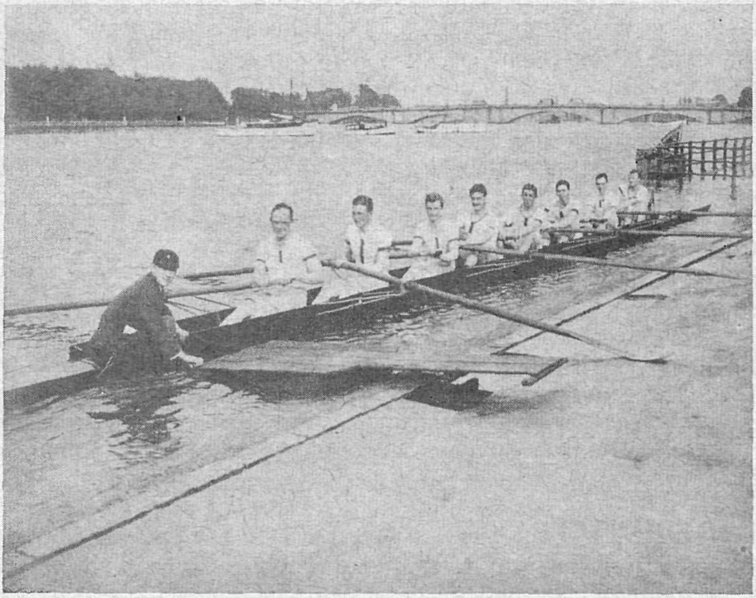
The Guy's VIII trained hard for this race, and was coached by Mr. Hylton-Cleaver of the London Rowing Club—a very well known face at Putney in those days, who coached Guy's for several years subsequently. Bart's had the advantage of coaching by F. W. Law, the Cambridge Blue, who later joined the staff of Guy's and became President of the Guy's Hospital Boat Club and United Hospitals' Boat Club. Guy's went away right from the start maintained the steady, long, stroke, which had served them so well during the 1920's, to win by 3 lengths.

"The win was entirely unexpected by many and it was largely due to the stroking of Miller, described by one good judge as the best Old Pauline oar of the present day, and the backing up at 7 of Keele, thought by another sound critic to be one of the best men seen lately on the Putney reach". Parsons at 5, "a sound oar and a good shover" and Beauchamp at 6 made up a powerful stern four. (Crew: Bow, A. S. Gough; 2. C. K. Colwin; 3. A. Tong; 4, E. T. Clifton; 5, K. O. Parsons; 6, I. C. P. Beauchamp; 7, K. S. Keele; Stroke, F. C. Miller; Cox, W. A.

Caldwell. The junior four was very inexperienced and lost by 2½ lengths. A very successful dinner was held that evening at the London Rowing Club. One week later (16th May, 1923) the same Guy's VIII defeated U.C.H. in a friendly race from the mile post to the University Stone by 2½ lengths.

U.L. ALLOM CUP WIN, 1924

In 1924 Bart's scratched from the event and so Guy's retained the senior trophy and recovered the junior. In order to justify its training, the eight entered for the University of London Eight-oared Races for the Allom Challenge Cup, and won, beating U.C.H. and L.S.E. in the heat, and East London College in the final. This was the first time that a Hospital had won this event. It is interesting to note that East London College were considered a formidable crew as it had been coached by Mr. F. W. Law, who appears to have made a habit of coaching Guy's opponents. The Guy's crew, "achieved some degree of uniformity as the result of the familiar judicious combination of exhortation and threat". This win along with most of the others during this period of the Club's history, was in no small part due to the stroking of F. C. Miller. His style appears to have been traditionally English, with long strokes at a relatively low rate. The eight which achieved this notable success was; Bow, E. T. Clifton; 2, R. F. Prichard; 3, I. C. P. Beauchamp; 4. E. C. Huddy; 5, K. O. Parsons; 6, W. H. Miller; 7, K. S. Keele; Stroke, F. C. Miller; Cox, W. S. Grove.



1924 Allom Cup Winner
(Courtesy of Dr. Parsons—rowing 5)

It is sad to note that Guy's have not won the Allom Cup since this time.

In 1925, E. T. Clifton was Captain and E. C. Huddy Secretary. The Guy's VIII again won the Allom Cup races with little difficulty, but, "the umpire disqualified Guy's for 'boring'. His decision was somewhat mystifying, as according to all rules of boat racing, Guy's had rowed a perfectly proper course, had not been involved in any foul, and no appeal had been made against them. "Guy's appealed for a re-row but the request was refused. As a result of this debacle, the Club felt it had "no option but to withdraw from any future dealings with the U.L.B.C."

MARLOW REGATTA, 1925

In the Inter-hospital Boat Races, the senior event was rowed for the first time in "light ships". Both the VIII and the IV won, again beating Bart's, who were the only other entrant. The eight was deemed a particularly fine one, and it was decided to enter it for Marlow Regatta, finances permitting. The *Gazette* generously took up the cause of the Boat Club and opened a "Boat Club Fund, for the purpose of covering the expenses involved in purchasing oars for the crew and in taking the boat to Marlow. We therefore invite subscriptions to this fund which the *Gazette* Committee is starting with a donation of ten pounds. The total expenses are expected to be about four times that amount, the oars alone costing twenty-five pounds".

The Guy's oarsmen were obviously confident that financial support would follow for they entered their eight at Marlow before the money had been collected. Their confidence was justified, several members of the staff subscribing generously. As a preliminary to the regatta, Guy's raced the St. Paul's School 1st VIII from Hammersmith Bridge to the Putney boat houses and lost narrowly by four feet. "This result was quite satisfactory. St. Paul's are entered for the Ladies' Plate at Henley and are regarded as one of the fastest crews on the tideway."

At Marlow, Guy's, containing one oarsman of senior status, were forced to enter for the Marlow Eights, where they met very strong opposition in the form of Twickenham Rowing Club (a crew which had reached a Henley final the previous year), and Jesus College Cambridge II. Guy's rowed splendidly, holding their own for the first two minutes but lapsed slightly in the middle of the course before recovering to finish strongly less than one length down on the other crews, a very commendable performance against such competition. The VIII consisted of: E. T. Clifton; 2, C. G. Townsend; 3, R. F. Pritchard; 4, J. H. Richmond; 5, K. S. Keele; 6, W. H. Miller; 7, E. Clayton-Jones; Stroke, E. C. Huddy; Cox, W. S. Grove; Sub. J. R. F. Popplewell. This was the first time a Hospital eight had appeared at an up-river regatta.

In 1926, E. T. Clifton, who did so much for Guy's rowing during this period, retained the Captaincy, with E. Clayton Jones acting as Secretary. At the A.G.M. Mr. Clifton announced that the fund to buy a new boat had reached £31. 7s. 0d. out of the £60 required. It is a sobering thought to consider that a new boat today costs a minimum of £400! During the season a "light ship" was purchased from Trinity

Hall, Cambridge. In previous years a boat had been borrowed from the London Rowing Club.

There was no Inter-hospital Boat Race in that year due to the disruptions caused by the General Strike, Bart's failing to raise a crew. A Guy's VIII and IV rowed over the course, however, thus retaining the two Cups. Directly after the strike, however, training recommenced, and Guy's arranged two friendly races with the Midland and National Provincial Banks, Guy's losing both. However, these races were valuable experience, and an eight was entered for Marlow Regatta once again. In a very close race, Guy's were pushed into third place by a canvas by London Rowing Club II, Reading University winning by one length. The race was described in the newspapers as the race of the day. Mr. Hylton-Cleaver, the coach, was very satisfied with this performance, and felt that it was a considerable improvement on that of the previous year. Huddy, at Stroke, appears to have maintained the Guy's 1920s' tradition of "length and steadiness".

EIGHTH SUCCESSIVE WIN IN U.H. CUP, 1927

In 1927, the Guy's VIII won the Inter-hospital Cup for the eighth successive year again against Bart's, though the junior four was beaten. The senior eight consisted of; Bow. W. S. Stephenson; 2, C. G. Townsend; 3, G. G. Ellis; 4, J. H. Richmond; 5, W. H. Miller; 6, L. T. Ride; 7, K. S. Keele; Stroke, E. C. Huddy; Cox, W. S. Grove.

In 1928 the Captain was W. H. Miller, probably the most consistent and powerful oarsman at Guy's during this era. Three hospitals entered eights in the Inter-hospital Race, and the newcomer, St. Thomas's, succeeded in taking the Cup which Guy's had held for so long. Much of the St. Thomas's success was due to A. P. McEldowney, the well-known Thames R.C. oarsman, who subsequently did much to put the University of London Rowing Club on the map. The loss of this race was all the more disappointing as the Guy's VIII was basically the same as that which had served the Club well in the previous years, and "it was a pity that they could not conclude their spell unconquered." It is interesting to note that one P. V. Reading coxed the VIII on this occasion and was hailed as "a very useful discovery."

In the junior race, the London Hospital entered a powerful IV, which beat Guy's by 2 lengths.

FIRST ENTRY IN TIDEWAY HEAD, 1928

G. G. Ellis was elected Captain for 1928-9, with F. H. Stevenson as Secretary. On 23rd March, 1929, the Guy's Hospital second boat rowed in the Head of the River Championship over the University Course from Mortlake to the University Stone, Putney, which is a distance of approximately four-and-a-half miles. The Hospital was therefore the first to enter a crew in these races. The VIII finished the course in 20th place, 1 min. 22 secs. behind the winners, a creditable performance.

The Inter-hospital Boat Races had now expanded into being termed "the United Hospitals' Annual Regatta". St. Thomas's retained the Senior Cup, but an inexperienced but hard-working Guy's

VIII beat Bart's and the London into second place. W. H. Miller and G. G. Ellis proved the mainstays of this crew. In the junior race, the Guy's IV surprisingly beat the favourites St. Thomas's by a canvas; Bart's and the London were left at the start.

1930's

After the activity and successes of the 1920's, the early thirties appear to have been a lean period for the Club, although a major revival took place in the middle and later part of the decade. The highlight of this era was the appearance of a Guy's four at Henley in 1936, only the second occasion on which a Hospital crew had actually raced in the regatta, and this after an absence of ninety years. There is no mention of the Club's activities in the *Gazette* in 1933, 1935, 1939 and 1940, though the absence of competitive rowing at the hospital in the latter two years is understandable. In some of these years we know that competitive rowing took place from reports of the Club's activities in other years, but the information is scarce.

G. G. Ellis retained the Captaincy for the season 1929-1930, R. J. Wheatley acting as Secretary. A note in the *Gazette* (16th November, 1929) includes the U.L. Allom Cup in the programme for the season; obviously the U.L.B.C. had been forgiven.

Guy's were again the only hospital to enter an eight in the 1930 Head of the River Race, retaining its position. For several years (at least since 1926), rowing at Guy's had continued on Wednesdays and Saturdays throughout the winter in preparation for the U.H. races in May, a policy in contrast to earlier years, when rowing was purely a summer activity.

The Captain for 1930-1931 was G. M. Curtois; J. B. Spearman was Secretary. This season appears to have been a lean one, the Club suffering from a lack of experienced oarsmen. The Hospital eight put up a better time in the Head of the River Race than in either of the two previous years, and gained third place out of six entrants in the London Rowing Club Christmas Regatta in 1931. No details of the 1932-1933 season are given in the *Gazette,* except to say that the season was satisfactory. "Owing to the increased numbers and extraordinary enthusiasm of its members, we were able to turn out for the first time two eights, both of which were entered for the Head of the River Race, and the performances, particularly of the second eight, were very promising".

The Club bought a clinker four in conjunction with the London Rowing Club and, using this craft, the junior four rowed in the Inter-hospital Regatta, putting up a performance "worthy of special mention as being the finest race I have ever seen". Whether they won or lost is not reported. The 1st VIII evidently changed its style of rowing from orthodox to Fairbairn during this season, and this "made a remarkable difference in the standard of rowing", presumably for the better.

1933-1934 was again an unimpressive year for the Club, though the Hospital eight, now coached by Mr. Charles Messer of the Thames Rowing Club, did beat the U.L. champions, King's College, in two out of three friendly races, and was given the honour of pacing the Oxford University crew a day or so before the Boat Race. At the

U.H. Regatta, which had been expanded to include a sculling race as well, Guy's had no success. During this season the Club's "experimental boat" bought five years previously, had her bottom ripped out in the shallows under Barnes Bridge, "by the grace of God and a hired cox". The Clubs' Union very generously provided a new boat, built by Phelps, which was a great improvement, and "the envy of the other hospitals".

The Annual Dinner held after the U.H. Regatta, however, appears to have been "a most enjoyable affair". A tradition appears to have been developed of appointing a member as "Puck" for the evening. What this rôle entailed it would be interesting to know, perhaps from Mr. A. B. Wayte, who filled the position on this occasion. The Captain made a speech "to which the jealous Secretary replied by six speeches in quick succession, for which he was severely, but rightly, censored".

Dr. Scott Turner made a generous gift of a pair of silver sculls to the Club, though what became of these is a mystery.

After the relatively lean years of the early thirties, 1936 saw something of a revival. In the previous few years, the Club had "maintained, and at times slightly improved, its position (46th) in the Head of the River Race, which has entries of 140 crews. With some regularity it has maintained its position in the Inter-hospitals Regatta. The successes have been confined to the smaller crews, such as the Pairs in last year's Regatta". Obviously, the U.H. Regatta had expanded yet again. It is surprising that this Pair's victory was not publicised in the *Gazette.*

In 1936 the Hospital crew went up thirteen places in the Head, finishing 33rd out of 139 crews, and "of more importance, the Inter-hospitals' Cup came back to the 'Spit'," Guy's beating St. Thomas's by a canvas with St. Mary's third. The crew representing the Hospital in this latter event was:—Bow, C. R. Tilly; 2, J. Henry; 3, J. H. Rake; 4, G. S. Wigley; 5, E. R. Roseveare; 6, R. W. Stevenson; 7, W. S. Harvey; Stroke, C. D. Cormac; Cox, F. Ritchie.

Also at this regatta, Guy's entered a rugger four who, "after a very steady afternoon's training, lost by about three pints".

HENLEY, 1936

This excellent win by the VIII stimulated four of its members to enter for the Wyfold Challenge Cup at Henley. The four had some difficulty in deciding on a rowing order. Their coach, Mr. Freebairn Smith, appears to have been something of a pessimist. In their original rowing order, "Mr. Smith had told us that the worst four at Henley would beat us by five lengths; in the new order we were encouragingly told that we would only be three lengths behind!"

However, the four settled down and obviously thoroughly enjoyed their stay at Henley, showing good form in training. The report of their stay is a particularly interesting and humorous one (*Gazette,* 10th October, 1936). Evidently Mr. Smith was unable to coach the four when they left Putney, for at Henley "we were very unfortunate in not having a coach; the two people we asked, after one outing each with us, were not seen again at Henley".

The four was unfortunate to be drawn against a heavy and powerful Thames R.C., but fought all the way, going down by only three-quarters of a length in the fastest fours' time of the day. Taking into account the limited training period and coaching that were available to this lightweight crew, this was a particularly fine performance. At this juncture "Mr. Freebairn Smith expressed his surprise and told us that he had expected a three lengths' lead by Fawley and a paddle home for his crew". Perhaps he wasn't such a pessimist after all.

The four was made up of: —Bow and steers, E. R. Roseveare; 2, J. P. Henry; 3, C. D. Cormac; Stroke, J. W. S. Harvey.

In 1937, this revival was maintained, Guy's winning the events for eights and clinker fours at the U.H. Regatta. The eight consisted of: —Bow, E. Roseveare; 2, A. C. Green; 3, G. W. Pinder; 4, J. P. Henry; 5, G. S. Wigley; 6, D. W. Burnford; 7, J. W. S. Harvey; Stroke, C. D. Cormac; Cox, J. Ritchie.

Crews were also entered for the light fours, pairs oars, and senior and junior sculling events, suggesting that rowing was booming at Guy's.

FOUR SUCCESSES AT U.H. REGATTA, 1938

By 1938, the U.H. Regatta included eight events, and proved to be a most successful day for Guy's, who obtained four first and two second places out of seven events entered. In the senior eights, Guy's beat St. Thomas's and St. Mary's by the convincing margin of 3½ lengths. The Guy's crew consisted of: E. R. Roseveare (bow); P. C. Campion (2); G. Pinder (3); G. S. Wigley (4); J. H. Rake (5); D. W. Burnford (6); P. A. Lane-Roberts (7); J. Henry (Stroke); J. C. Ritchie (Cox). The clinker eights' event was also won, as were the light and clinker fours, thus giving Guy's a clean sweep of the larger boat events. Second places were obtained in the pairs and junior sculls. Only in the rugger fours did the Club suffer a severe defeat: "The Guy's IV were amazed at the length of the course on arrival at the start, but after great persuasion and bribery, the crew, including No. 2 (Fletcher) started. After fifteen strokes, three of the crews converged, and Guy's retired severely damaged, morally, and physically. They paddled home in their own time. St. Mary's had already won".

The 1938 U.H. Regatta therefore proved probably the most successful ever—before or since—for Guy's oarsmen, and ended the successful era of the twenties and thirties. During this period the Club had as much success on the river as any other hospital. The War years intervened and brought rowing to a temporary standstill. Subsequently the Club, though very much more active in the number of oarsmen taking part and regattas entered, has never been able to achieve quite such consistent success again.

However, the post-war period, particularly the sixties, has been one of consistent effort, surpassing everything that went before it. The oarsmen deserve every respect for their enthusiasm and dedication; if such effort continues, success must surely follow.

NURSING SECTION

Examining the Nurses

The General Nursing Council is at present altering the curriculum for the training of nurses. This, as we are all well aware, is a not uncommon situation. In fact, so regular are these changes, that one has just become accustomed to one syllabus, only to discover that another has replaced it. However, the latest scheme is going to have a greater effect on the hospitals than any which has preceded it.

One must accept, in these days of rapid development, that in order for a training to be valid, the syllabus will have to be constantly changed. Added to this, it has long been accepted that practical examinations conducted away from the Wards, are a farce. In view of this latter fact, the nurses are in future to take their examinations in the Wards, and part of this will be conducted by the Ward Sisters. Superficially this would appear to be the ideal solution, but on deeper reflection, one can envisage difficulties arising.

Firstly, there are the patients. One hopes that in all hospitals their consent will be obtained. It is possible, however, to imagine that in some instances, this will not happen.

Secondly, anyone who has ever attempted to conduct an examination within the Ward environment will know that the Ward Sister will not be left undisturbed for longer than five minutes at a stretch. She will probably, therefore, never see a complete procedure. This is grossly unfair to the examinee, and frequent interruptions are not exactly conducive to clear thinking.

In addition, there are going to be personality conflicts. A nurse is not likely to give her best performance when confronted with a Ward Sister who gave her a poor Ward report.

Lastly, many Ward Sisters' opinion of the new system is that this is just another task which they have to undertake in addition to the many frustrations which already abound. A large number consider that if the examinations are to be conducted in the Wards, then it is the Tutorial Staff who should undertake the duty. Also, if adequate financial reward is not forthcoming, a large number are going to refuse to do this.

There are going to be many difficulties to this new system. Its saving grace is that it should help to raise the declining standards of nursing in this country.

NOTICES

South Wales and Monmouthshire, Guy's Hospital Society

The 19th Annual Dinner will be held at the Park Hotel, Cardiff, on Saturday, 4th April, 1970 at 7 p.m. for 7.30 p.m., when the Guest will be Dr. J. C. Houston, Dean of the Medical and Dental Schools, Guy's Hospital. Tickets £2 10s. 0d. (exclusive of wines), plus 10s. membership fee to the Society to be sent to th eSecretary, G. Morwent Brown, 15, Seabank, Esplanade, Penarth, CF6 2AR.

We thank all subscribers to the T. J. Evans Fund to endow a Memorial Prize. Subscriptions, large or small, are still welcomed by all those who have not already subscribed. Please send to the Secretary, address as above, and cheques made payable to the T. J. Evans Memorial Fund.

British Biophysical Society

A meeting on "Magnetic Resonance Spectroscopy in Biological Systems—ESR and NMR" will be held in the Medical School Physics Department on Tuesday, 14th April, from 10 a.m. to 5 p.m.

The subjects to be discussed include Enzyme Reactions, Membranes, Protein Structure and Collagen. The meeting is open to all, whether members of the Society or not, but because of limited accommodation those intending to come are asked to tell Dr. S. J. Wyard, Physics Department, beforehand.

CORRESPONDENCE

International Meeting in Uppsala

SIR,—I wonder if through the courtesy of your columns, I could draw people's attention to a most important international meeting in Uppsala, Sweden, from the 1st to the 4th September this year, on "Lymphatic Tissue and Germinal Centres in Immune Reactions". Anyone interested could either contact me, or write direct to Dr. Lindahl-Kiessling, Institute for Medical Genetics, V. Agatan 24, 752, Uppsala 1, Sweden.

Yours sincerely,

ALAN COULSON.

Greenwich District Hospital,
The Miller General Wing,
Greenwich High Road,
Greenwich, S.E.10.

Hewitt Fund

SIR,—May I, through the courtesy of your columns, make an appeal. Although I have personally contacted many ex-residents of St. Christopher's hostel, there is a large number I am unable to trace. I am sure that all ex-residents of St. Christopher's have appreciated the work of Mr. and Mrs. Hewitt, and many may, on occasions, have been grateful for their indulgence and understanding! They have now left St. Christopher's after having worked there ever since it was opened as a Guy's Hostel.

I feel that many ex-residents might wish to contribute to a presentation which is to be made to Mr. and Mrs. Hewitt to mark their retirement. Should you be an ex-resident and wish to be associated with this testimonial, would you please send your donation to A. I. Attwood (Hewitt Fund), at East Wing, Guy's Hospital, as soon as possible.

Yours, etc.,

A. I. ATTWOOD.

East Wing,
Guy's Hospital, London, S.E.1.

Boxing. Aggressive ?

SIR,—Having had his spurious enquiry answered, Dr. Tudgay has now changed his tactics and writes about the dangers of boxing.

If your correspondent had done me the honour of reading my article properly, he would have noticed that this was not in dispute, and far from being naive about it, I did accept that there was an argument against the morality of boxing which I did not agree with.

Since Dr. Tudgay has become such a keen observer of TV sport, I am sure that the *Gazette* would be only too willing to devote space to an article by him on the dangers and morality of aggression in sport in general.

I have never ceased to be amazed by the way non-sportsmen are so concerned about the dangers of the more robust forms of entertainment, when the participants themselves are perfectly aware of the problems and accept them as part of being an athlete.

Yours faithfully,

W. M. SHEERAN.

262, Portland Road,
London, S.E.25.

BOOK REVIEWS

VENEREAL DISEASES (2nd edition).

Balliere. Tindall and Cassell. 75s.

The authors are to be congratulated on bringing out a second edition of this textbook within five years. The retention of colour plates, which have an almost essential place where lesions of the skin are a significant feature of a disease, and the placing of the other illustrations in the text, are satisfying choices.

In style and content, this book, entitled simply "Venereal Diseases", is, as a whole, both pleasing and lacking in deficiencies; because, of course, it is a nice matter of judgment to know where to stop in compiling a book of this nature, at the hands of two such authoritative specialists, realizing that there is at present no definitive textbook in this speciality.

The format is clear, but it seems to this reviewer that the headings are a little large in some instances, and tend to break up disconcertingly rather than enhance the text-divisions.

There are perhaps some small improvements to be made in such areas as, for example, the Pathology of Syphilis: the section says little of what is new, considering the movement in immunology during the past few decades. In contrast, the serological section is well up-to-date—although, again, one must criticize the syphilologists' use of the term "reagin" rather than "syphilitic reagin"; the former (skin sensitizing antibody) being IgE, the latter IgG.

However, there is little to fault in this book. One might ask for greater detail here and there in future: for example, the dismissal rather than discussion of other explanations of general complications in gonorrhoea than that of a bacteraemia or septicaemia is unhelpful to a dedicated enquirer (and one only has to think of the role of the streptococcus in disease). There is a very useful bibliography.

Further, the authors are to be congratulated upon retaining a reasonable view on the meaning of "venery" in its widest and most catholic sense, and its relationship to commonly occurring disorders such as trichomoniasis and arthritis.

This book is certainly to be recommended.

A.S.G.

TEXTBOOK OF ORTHOPAEDIC MEDICINE, VOLUME I.

By James Cyriax, M.D., M.R.C.P. Published by Bailliere Tindall and Cassell.

This is a new edition of Dr. Cyriax's well-known work dealing with the diagnosis of diseases of the musculo-skeletal system. It is a long and detailed volume not really of relevance to the undergraduate except as a reference work.

Dr. Cyriax lays great stress on physical signs and suggests that all musculoskeletal lesions can be diagnosed on the basis of disordered function of the moving parts if a sufficiently painstaking and detailed examination is carried out. This is the basis of his "Diagnosis by Selective Tension". However, as the Author himself points out, many of the soft tissue lesions seen and treated by the "Orthpaedic Physician" are not subjected to the scrutiny of the morbid anatomist, hence the diagnosis must be conjectoral and is often controversial.

Although this book is primarily concerned with diagnosis, treatment is also considered, sometimes in some detail such as in the discussion on manipulation and epidural anaesthesia in lumbar disc lesions.

The postgraduate and practising orthopaedist, whether primarily a physician or surgeon, will find much food for thought in these pages, although the surgeon may be a trifle dismayed at such comments as "Treatment: the bones must be wired together again" when dealing with the unstable ankle mortice.

The illustrations, both reproductions of radiographs and line drawings, are of a high standard.

A.H.

SPORT

RUGBY

GUY'S v. EXETER

Saturday, 28th February. At Exeter.

Result: Won 14—11.

It was a cold, slightly windy day when the Hospital took the field against Exeter. The pitch was reasonably firm and the ball remained dry throughout. Guy's started well and the pack were soon on top, taking the ball down the touchline. The ball was moved around well and first Ross and then Neville went close to scoring from good second phase possession. Here, rather against the run of play, Exeter came up field, and from a high diagonal kick, gathered the bounce and went over for a try, which was converted. Fortunately, Guy's returned to the attack straight from the kick-off, and from a scrum close to the Exeter line, a scissor movement between Merrit and Rowlands was held up, and Forbes was able to take the ball on and crash through for a try. Elliot converted well from half-way out. The Hospital's forwards continued to dominate a surprisingly unaggressive West Country pack, and maintained territorial advantage. Elliot increased the lead when, from a failed touch clearance, he gathered the ball and kicked a fine drop-goal from near half-way. Exeter levelled the scores before half-time with an unconverted try.

Play was less constructive in the second half with both sides having their fair share of attacking ball, but with the moves breaking down with the final passes, Exeter's three-quarters were quite lively, but their activities were limited by lack of possession. The Hospital's lines-out were better organised, and Hey won several balls against the head in the tight scrums. Guy's took the lead from a penalty in front of the posts kicked by Elliot, and increased it further by a dropped goal by Rowlands from a good attacking position. Guy's had other scoring chances, but these failed on some occasions from lack of support, and at other times from delayed passes. Exeter came back strongly towards the end and added to their score by a penalty. Elliot, Merrit and Neville dealt with some awkward high kicks well, and the pack never let up in denying or slowing down Exeter's possession. At no-side, the score stood 14—11 in the Hospital's favour. With this victory, Guy's had won three of their four West Country fixtures with wins also over Taunton and Devonport Services, being defeated by Plymouth Albion.

Team: D. Elliot, J. Ross (captain), D. Barrough, S. Horsley, K. Sommi, B. Rowlands, D. Merrit, J. E. Davies, G. Hey, A. Addison, R. Burt, D. Stuart, I. Baker, C. Neville, M. Forbes.

I. A. BAKER.

BOAT CLUB

KINGSTON HEAD

Two crews rowed in this Head from Hampton Court to Kingston. In the first eight, Bax returned at stroke after his illness. With a good row up to the start on a beautiful day, the crew felt confident. They started in a somewhat lowly position of 47th out of 130 crews, intending to better this. A smooth and controlled start settled the crew into a powerful regular rhythm which soon took them past two crews. With another crew before the bridges at the half-way stage, Guy's came to attack a Tiffin school crew. Here the distractions from the parents of the school crew and the close company rowing, made it difficult for the crew, who were in strange waters anyway. Time and again they just went up on the school crew, but they needed more response and co-ordination to surge ahead. Even to the end, the crews raced neck and neck till both crews collapsed exhausted over the finishing line.

This was a good row for Guy's, but not one that realised the fullest potential available. They went up ten places to finish 37th, whilst Tiffin won the restricted prize. The competition was tough, as was shown by the U.L. crew finishing 4th.

The second crew had several changes which made it difficult for them. Their row was very spirited and it was somewhat unfortunate that the oars tended to enter the water somewhat irregularly, and even at times had the impudence to remain there. If the people at the end of those oars had been in any way responsible for causing the crabs and the Old Guy's tradition of a pint per crab had been invoked, then the crew would not have been sober by Reading.

First Crew: Bow, G. Moulding; 2, M. Denyer; 3, M. Gleeson; 4, P. Hunt; 5, R. Pinckney; 6, P. Stevenson-Moore; 7, A. Batch; Stroke, N. Bax; Cox, F. Moorhouse.

READING HEAD

This was our only regatta where we needed to take the boats by lorry and the crews by coach. There was a good crowd of supporters with the crews, and we even managed a morning outing on arrival. It was a bitterly cold day, and even though among the last to boat, there was a wait of some two hours before the start. Denyer was unavailable, so with some re-arrangement, Miller came back in at stroke and set a fearsome pace as promised. This took us close on the heels of the Abingdon school crew ahead of us With all the confusion through the treacherous Rat Island Gut, the acceleration he tried to give failed because of the lack of response in the crew. Without the poise we failed to go up any more, and only towards the end did this strange crew on strange waters come together. Abingdon won the restricted prize, and Guy's went up some twenty odd places to finish 62nd.

The second crew in a magnificent effort rowed much more smoothly than before, but even so were not rewarded with the position they deserved. We hope that after the Boat Club dinner on Wednesday, they will be inspired to go Head in the Tideway next Saturday rather than tails.

First Crew: Bow, G. Moulding; 2, P. Hunt; 3, M. Gleeson; 4, N. Bax; 5, R. Pinskney; 6, P. Stevenson-Moore; 7, A. Batch; Stroke, N. Bax; Cox, Moorhouse.

HOCKEY

U.L. CUP FINAL

GUY'S 1st XI v. WOOLWICH POLYTECHNIC

Result: Won 2—0.

After last year's disappointment through out reaching the Final of this Cup yet not being able to play the match and clinch the deal, this victory against Woolwich Poly was more than welcome.

During the first half we never managed to fall into our stride and didn't even have one direct shot at goal. Woolwich, however, were much more alert and eager during this half, and I feel were somewhat unlucky not to pick up at least one goal, having three chances through short corners.

However, the second half fortunately tells a much rosier story. The relatively heavy going appeared to have a greater effect on the Woolwich team, and it was Guy's turn to dominate the play and it was not long before a well-struck short corner from D. Crafts was slipped into the net by the centre-forward, R. H. Clark.

From this point on, Guy's went from strength to strength, narrowly missing the goal once, before inside left R. Burns broke away in the circle and decided the day with a beautiful cross-shot past the goalkeeper, making the final score 2—0 despite a rallying final effort by Woolwich in the dying moments.

Although we are delighted at having added another cup to the Guy's collection, the real test is still to come when we meet St. Thomas's in the Final of the Hospitals Cup at Cobham on Sunday, 22nd March. Naturally, we will need all the support we can get!

Team: R. K. F. Clark, M. Vellacott (captain), D. Crafts, R. Goodhart, C. Pearson, R. Kendrick, J. Walker, R. Burns, R. H. Clark, R. Fell, P. Wilmer.

R.H.C.

GUY'S "A" XI v. HAVANT SCAVENGERS

Away. Lost 6—1.

This visit to the South Coast was once again a success, thanks to "The Ship", "Thatchings", the weather and Havant's hospitality.

For some an early arrival at Thatchings to watch the England-Wales Rugby match was thwarted by two elderly spinsters who insisted on watching "On The Buses" on the other side. Everyone met at "The Ship" in time for a few ales, renewal of cricket tour acquaintances and, of course, traditional "Music Man" from veteran trombonist Adrian Gillham. We adjourned to "Thatchings" via Bombay, in a Barjee.

Sunday morning was spent recuperating, washing curry off trousers or preparing for Wimbledon.

An early appearance at "The Ship", Langstone, at midday was necessitated by a need to recruit guest players. It is incredible that we were unable to get a full team down for a week-end as good as this. Anyhow, recruitment was successful and we started, looking a little like a junior United Hospitals side—spectators included spies looking for indications of our Paignton (or Junior Cup) form.

The Scavengers were superior in every department of the game and the hospital did well to restrict them to one goal at the interval. Cottingham played well in the first game ever as goalkeeper, the author attempted to keep his younger brother under reasonable control but the Scavengers had easy access to Guy's circle in the second half and scored from most of their chances. Guy's attack made little impression.

However, it was an enjoyable game played in good spirits, and ended with a first-class evening an Hayling Island (Gillham meeting some **real** footballers) before the haul back to London.

Team: M. Vellacot, C. Pearson, P. Willmer, R. Fell, J. Walker, A. Gillham, B. Martindale, M. Fordham, J. Cottingham (R. Faulkner-Corbett, A. N. Other). Umpire: C. Hunter-Craig.

JUNIOR HOSPITALS CUP—SEMI-FINAL
GUY'S v. BART'S

Result: Lost 2—1.

In miserable weather conditions, without an umpire or even one supporter, the 2nd XI attempted to reach the final of the Junior Cup. Several of the team had had no exercise for several weeks. However, the team played hard and almost pulled back a two-goal deficit late in the second half.

Bart's forwards seemed to know where our goal was from the start, and the defence did well to restrict a resourceful inside trio to one goal at the interval. Cottingham, in goal, gave a performance that a club 1st XI's 'keeper would have been proud of. Milliner, too, cut off many attacks and tried to initiate some himself. Our forwards, in spite of their commendable efforts, lacked the ability to create and take scoring chances, and our one goal was scored by left-half Holland from an inside right position. Then, following a desperate scramble, we thought we had gained extra time, but the final whistle had gone fractionally before the ball crossed the Bart's goal-line.

—and so to next year. B.V.M.

Team: J. Cottingham, A. Gillham, D. Milliner, A. Holland, B. Martindale, P. Nicol, R. Rycroft, B. Jones, J. Cram, P. Neustatter, M. Fordham.

SAILING CLUB

U.L. Team Racing League

GUY'S v. LONDON LADIES

Won: 8 pts—14 pts.

Conditions were ideal for this battle of the sexes, and Guy's were well aware that this very competent ladies' team would be difficult to beat.

The start of the first race slightly favoured Guy's with the team in 1st and 3rd positions at the first mark. On the windward leg of the course it was possible for the two Guy's boats to apply a "squeeze" to the leading ladies' boat, and it was not long before Guy's had comfortable 1st and 2nd positions, which they held until the finish.

Clever tactics by the women at the start of the second race forced the two Guy's boats into a losing combination, and things were looking a little grim until Phil Meakins managed to latch on to one of the ladies and luff her sufficiently to allow his team mate through. This gave Guy's an overall winning combination.

GUY'S v. ST. MARY'S HOSPITAL

Drawn: 11pts. each.

Mary's were unbeaten and the favourites for the League when they met Guy's on a rather cold and windless afternoon.

Unfortunately the wind was such that in both races it was not possible to obtain a true windward leg, and both races were somewhat of a procession.

Mary's managed to obtain the best start in the first race, and it was impossible to sail through the opposition when there were only close-reaching legs.

In the second race, Phil Meakins managed to upset one of Mary's star helmsmen before the start, and this allowed Guy's to slip into a comfortable leading position and remove the deficit from the first race.

Team: P. Meakins, G. Barker, W. Simpson, P. Richardson, G. Hall, D. Cottam.

G.B.

WATER POLO

U.L.U. LEAGUE

Result of Matches so far.

First Team:—

Jan. 13th v. Q.M.C. Won 6—4.
Jan. 15th v. U.C. Won 10—5.
Jan. 20th v. St. George's. Won 7—3.
Jan. 27th v. I.C. Drawn 3—3.
Feb. 12th v. Q.M.C. Drawn 5—5.
Feb. 17th v. St. George's. Won 6—4.

With four more matches to play in the University League, we are in the comfortable position of having dropped less points than any other team in the League, and stand a good chance of winning it. The records at my fingertips indicate that no Guy's polo team has been in such a commanding position, at least in the last eight years.

With the advent of this season, the University adopted new International rules, which have meant altering our style of play slightly. Any person committing a major foul under the new rules, is sent out of the pool for one minute's playing time, and three such fouls eliminate that player from the game.

This has called for some much tighter defensive play, and I feel we have coped well with the new rules.

Normally, reports include the names of outstanding players, but this would be unfair, as it has been sheer team-work which has been responsible for our having lost only one of our last eighteen games.

The season has brought forth two facts worthy of mention. Northcott has been sent out of the pool more times than any other Guy's player; and Wright, who changed positions to goalkeeper for one game, did not like the referee's decision of a goal, and launched the object of play at the referee, who penalised him for a major foul and sent him out of the bath.

If there are any lessons to be learned from the season's play, it must be that we tend to become complacent when we have a lead of a goal or two, and in both the Q.M.C. and the I.C. games we have had to struggle to come away with points.

Team: Howard, Challacombe, Jones, Adkins, Northcott, Howell, Bevis, Wright.

SECOND TEAM.

29th Jan. v. St. Thomas's. Lost 5—4.

17th Feb. v. I.C. III. Won 3—2.

If the second team does not stand out for their results, they must be surely commended for their enthusiasm. Although on two occasions we have been unable to get a complete team, the reasons have been a temperamental car and bad weather which have been the trouble.

Forbes and Cottrill still swim well; Skinner, a recently recruited player, promises to be very good; and Lovell's goalkeeping never ceases to amaze us!

Team: Lovell, Sands, Cottrill, Clarke, Forbes, Skinner, Bowering, Rowlands.

TABLE TENNIS

The newly-formed Inter-Hospitals' League got under way on 5th February with a home match against Westminster. The opposition arrived in fine spirits, having acquired two of their players at very short notice from the union bar. This, they claim, contributed significantly to Guy's storming 12—0 victory, which was a satisfactory result for Guy's first match this year. The Wang brothers, as is often the case, mystified those who had never met such oriental cunning before, whilst the inclusion of Steve and Chris Willis left Nigel Harradine as the only member of the team without family support. The most hotly contested match was the doubles, in which the Willis brothers had to fight hard to maintain our perfect record against some very determined play. The evening was enjoyed by all concerned, the only regret being that Westminster could find no girls to play auxiliary matches as was hoped.

N. HARRADINE,
Secretary.

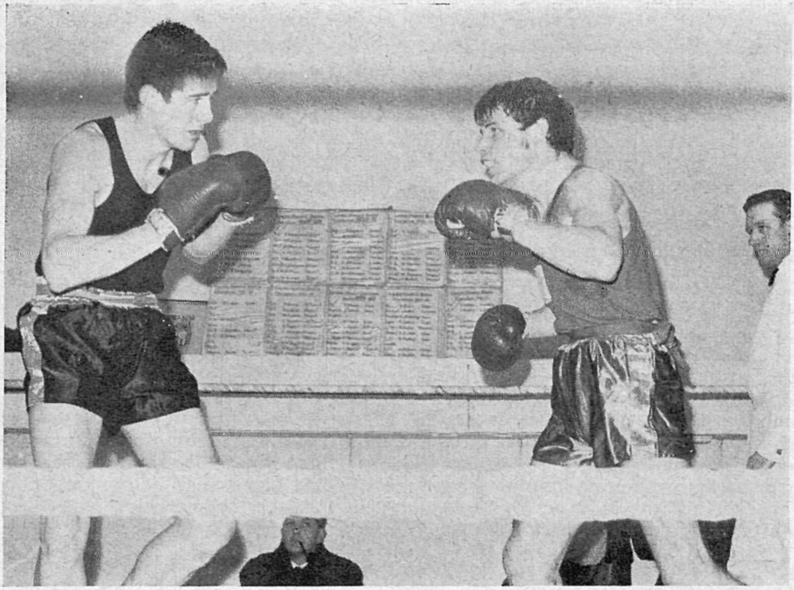
GOLF

1969 HOSPITALS CUP FINAL

Wednesday, 25th February, 1970

This final, left over from last year, was belatedly played at Addington Golf Course, Croydon, against the Middlesex. The match was extremely exciting, the tension being boosted by each match being played over 36 holes. At lunch, after 18 holes, two of the matches were firmly in the favour of Guy's, and the other three fairly open. Dai Davies, not feeling very well, was 3 down to a University team colleaque, and was experiencing trouble on the greens, which were to plague him all day. Dai Rowley-Jones was 1 down to an erstwhile Cambridge golfing team-mate. Neil Davies was 5 up on an out-of-form University team captain; Dave Elliot, playing supremely to come back in 34, was 8 up on his hapless opponent; and Jim MacKensie held a tenuous lead of 1 hole in the final match. In the afternoon, Dave Elliot quickly put his man out of misery by continuing with par golf to win 11 and 10, and was only 1 over for the holes played. Neil Davies, similarly 1 over, got home by 8 and 7, and Guy's were thus 2 matches in the lead. Dai Davies, still suffering on the greens, sadly 3-putted the last green from 20 feet to go down by 1 hole after looking a likely winner after 27 holes. Dai Rowley-Jones, regaining form after a lay-off, played close to par to be 2 up, but lost the 35th when he underclubbed and missed a curly 8-footer on the 36th green after his opponent had sunk a monstrous 45-footer with about 5 feet of borrow. Thus the match went to the 37th, where Dai's par 3 was to no avail as his opponent had laid his tee shot virtually dead. The match then rested on Jim Mackensie, who, also suffering agonies on the greens saw his lead of 4 holes at the 27th whittled down to 1 hole before he triumphed 3 and 2. Thus Guy's took the cup which eluded them last year, and rounded off a successful 1969 season which included the win in the London University Team Championship. Hopes are high for the coming season, several good golfers being in circulation, and a welcome is extended to all those in Guy's who are golfers and would like to play in matches, both friendly and serious, this summer.

BOXING CLUB



Terry Reynolds easily out-pointing his opponent in the Pavy Gym.

BOXING

The smell of boxing wafted through the subterranean passages below York Clinic on the night of Wednesday, 25th February. Thanks to the publicity, afforded by a certain local licensee, it had also wafted to the local boxing fraternity, who, together with staff and students, packed the Pavy Gym for the Guy's "Show".

This was to be another of those nights which, due to the hard work of Charlie Pocknell, has helped to keep Guy's Boxing Club very much alive this season. The previous week our boxers had been to two other shows. One was at St. Pancras Town Hall, where Bob Herbert was unfortunately matched with a precocious novice. If Herbert had had a little more experience, he could have used his good left to effect and kept a rushing opponent at arm's length. This was not to be and he was stopped in the first round. Our secretary, Carter Croft, had an opponent who wisely went sick after seeing against whom he had been matched! The Guy's Captain, Terry Reynolds, also failed to find an opponent. However, at the Belsize Show at Chelsea Town Hall later that week, Reynolds made up for his disappointment by taking on a tough paratrooper. The first round was uphill work for Reynolds, but the second saw some powerful jabs from him, and a smart left hook ended the fight in his favour.

Now all the ritual was being enacted in our own Pavy Gym, the resin tray, the arrival of the judges, the tightening of the ropes, the placing of the buckets and the gloves being laid out in the gloving-up corner. It was said that one of the painters who had been working in the gym during the day was gloved up by mistake, such was the enthusiasm of the boxing priesthood.

The opening bout for a Guy's contender was the Captain's privilege. Reynolds set the style for the evening against a good opponent whom he had met before. He coped well with the heavy punches from the southpaw and finished the first round ahead. The second was an even round and his opponent mounted several strong attacks which were rebuffed. Reynolds then showed his fitness in the third round by keeping his scoring rate just ahead all the time, and won by a unanimous decision.

Carter Croft was the next Guy's boxer, who, in his previous appearance in this ring, had disposed of his opponent in the opening seconds. Against stronger opposition this time, he showed how he has matured into a good boxer, in spite of occasional glimpses of his rugger stance. He was, perhaps, a little unlucky to have the majority decision against him, as he nearly had his man down in the dying seconds of the bout. The next contest involving the Guy's colours, saw B. Gould, who, from the first moments of the contest, was clearly up against a more experienced boxer. He had a number of uncomfortable moments and took a standing count of eight in the second round. However, he did well to keep out of serious trouble after that and lost on points.

The last Guy's man of the programme, J. Cunliffe, bore an uncanny resemblance to our former Club Captain, Terry Gibson. From his similar good style, one felt that we were in for a success. The first round was kept at just the right pace when he weighed up his opponent well. In the second round, Cunliffe-Gibson managed some good attacks and coped well when under pressure himself. His lack of fitness was beginning to show, and this proved to be his Archilles heel in the last round. A fight one felt he could have won with his undoubted skill.

The last two bouts of the evening saw McGinty, of the Colverstone Club, surprisingly stopped in the second round by Ellwood of the Lynn, after some good boxing. The last bout gave Barry Francis, also of the Lynn, a hard fight against B. Bailey. Francis, a former London A.B.A. representative, but now somewhat overweight, gave Bailey some heavy punishment. The latter, however, by good use of the ring and quick punching, took the decision.

The show was over, the crowd and participants melted away, not a few into the Guy's Arms to re-live the moments of success or failure.

R.B.J.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the appointment of **Trainee Registrar** in the Department of Diagnostic Radiology, with duties from 1st October, 1970. Appointment for one year in the first instance. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **3rd April, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of **Senior Registrar** in Diagnostic Radiology with duties to commence 1st June, 1970, until 30th September, 1970 in the first instance. Opportunities are available for good experience in neuro-radiology and arteriography. Applicants should hold the D.M.R.D. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **3rd April, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of Locum **Senior Registrar** in Paediatrics for the period 20th April, 1970 to 31st July, 1970. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **27th March, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of **S.H.O.** in Clinical Pathology to the Guy's Group of Hospitals with appointment from 13th April to 30th September, 1970 in the first instance. Opportunities will be available for promotion to those wishing to make a career in Clinical Pathology. Forms of application are available from and should be returned to the Superintendent, Guy's Hospital, S.E.1 not later than **3rd April, 1970.**

PERSONAL

MANITOBA, CANADA—Guy's Man requires assistant with view in general practice based on 16-bed well-equipped hospital. Salary $1400.00 month. For further details apply Dr. J. A. Jemson, Box 9, Glenboro, Manitoba, Canada.

CHANGES OF ADDRESS

A. S. Moore, Esq., L.D.S., R.C.S., to "Rivendell", Kingsale Road, Salcombe, Devon. Tel: Salcombe 2757.

Dr. and Mrs. H. D. W. Plowright, P.O. Box 120, Barnsdale, Victoria 3875, Australia.

BIRTH

CROUCH—On 7th March, at Canterbury, to Margaret and Derek, a son Geoffrey Frank, brother for Robert, Susan, Judith, and Deborah.

EWING—On 21st February, 1970 to Anne (née Bellamy) and David Ewing, a daughter, Helen Rosemary, sister for Suzanne.

MARRIAGE

HIGGS—WRIGHT—The marriage took place in Bristol on 28th February, 1970 of Dr. Frederick Higgs, M.R.C.P. and Dr. Josephine Wright. Present address: The Lodge, Backwell Down, Backwell, Somerset, BS19 3PJ. Telephone: Flax Bourton 2466.

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We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

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GUY'S HOSPITAL GAZETTE

EDITORS R. S. TROMPETER and S. M. KILPATRICK
SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2132

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Ragged Defeat

It is with a degree of amazement that one observes the emotions aroused by a local, seemingly harmless event in the sporting calendar. It is also astonishing that the philosophy of competition contained in sport, even in a rugby match, compared to the more sophisticated activities of students today, can still cause several weeks of meaningless irresponsibility.

Capturing the opposition's mascot—yes, but the idea that a student "rag" permits buildings and statues to be defaced prior to the contest is totally out of hand. Furthermore, using spectators in the stands for target practice, with bags of dental plaster, is by no stretch of the imagination competitive sport (as expressed in our correspondence). At the time of writing Passim, the portal to the East Wing still bears its battle scars, in the form of eggshell and paint stains. The soaring chimney to the hospital boilers, itself not a masterpiece in architecture, boasts "Bart's for the cup". A brave achievement by those who painted the slogan. Such graffiti can be erased, and apologies extended to those spectators who were victims of the plaster attack. The hospital, however, is left with a rather bad taste in its mouth and certainly no better a reputation.

After all this wasted effort one wonders if in future years, with a small amount of organisation a successful, constructive "rag" might not be developed. Perhaps suggestions might be forthcoming from the Wills Library whose door was firmly shut on the afternoon and evening of the match? The post-mortem will no doubt have been held to discover why Guy's celebrates its third successive defeat in the Hospitals' Cup final, tactical error or insufficient manpower? Let us hope that in future years both players and spectators will enjoy the sounds of a "clean" victory.

Apathy can be Dangerous

With the arrival of Spring a change comes over England. It is true that the weather forecast remains the same—scattered showers with sunny periods—but it now refers to rain rather than snow. At week-ends, London is deserted by the population which moves *en masse* to the country for a "breath of fresh air".

Although the increased opportunity for travel both in the countryside and between countries is to be welcomed, it leads to demands for better roads and airports. The siting of these causes bitter controversy but it is difficult to find a low-cost solution which causes minimum damage to the environment. This week the Roskill commission began its final sitting to decide the site of London's third international airport. The four sites under review are Foulness,Nuthampstead, Thurleigh, and Wing.

With the ever-increasing population it becomes even more important to protect what remains of our countryside. For this reason the choice must be Foulness even if the cost is prohibitive. It is impossible and indeed wrong to take an "objective" view on such an issue.

It is worse still to stand back and say that the matter is not worth fussing over. Once a mistake is made it will be with us and our descendants for ever. If we sit and do nothing we will be judged to be as guilty as those responsible for the squalor of the Industrial Revolution.

The responsibility of the medical community does not end at the bedside. Instead of treating patients for diseases resulting from environmental stress we should perhaps direct our attention to the prime cause. As an example it is worth asking how necessary it is to fly the Atlantic in three hours at the price of leaving a wake of noise behind.

It does not matter whether people agree that our environment should be protected as long as they have thought about the problem and not ignored it.

F.R.S.

We offer our congratulations to Professor C. Astley Clarke (Professor of Medicine at Liverpool University) on his recent election as a Fellow of the Royal Society.

Tribute to Mr. Wass

As a tribute to the late Mr. Wass, and for the benefit of the many Guy's men who were unable to attend the Memorial Service on 6th March, we publish in Passim the address given on this occasion. The address was delivered by Professor Sir Hedley Atkins, K.B.E.

Samuel Hall Wass came to Guy's Hospital in October 1928. As a student he was a quiet person, given to thinking carefully before he spoke and averse from claiming attention. Beneath the modest demeanour there could not, however, be concealed a mind of rare quality, a character informed by strength, and a personality of singular sweetness. In this way "Sam", as he came to be known throughout the hospital for the next forty years, gathered around him friends of like interests, friends who remained staunch throughout his career and, as he journeyed through life, these friends were added to and recruited from younger men who recognised in him a leader whom they could trust and a counsellor whose advice was never influenced by selfish considerations but was given freely out of the kindness of his heart.

A career of academic distinction ensured in due course his appointment as surgical registrar and eventually to the staff of this hospital. But the inevitability of this appointment was due, I like to think, more to the attributes of character which, added to an exceptional technical skill, made him the exemplar of those qualities which are sought in a surgeon.

What were these qualities? Firstly complete integrity. His opinion both in clinical and administrative matters was given, after due consideration, with only one purpose in view; the welfare of the individual whose care was entrusted to him or that of the institution which he served so faithfully. Of course, like all of us, he may from time to time have made mistakes and, if he did, he was the first to recognise them and never allowed a sense of pride to prevent him from acknowledging them.

I have already referred to his great qualities as a technical surgeon but these again were moulded by his character. He took immense pains to ensure that his performance was as near perfect as his exceptional skill could achieve; only the best would satisfy him and in his careful, delicate, unhurried manner he would create out of an operation a work of consummate craftsmanship.

Unlike some surgeons of outstanding technical skill he was essentially conservative-minded and resorted to the surgeon's knife only after careful consideration and an appraisal of every aspect of the case, psychological as well as physical.

Then "Sam" was a kindly man, he was kind to his patients, he was kind to the nursing staff from whom thereby he extracted their very best endeavours and he was kindly in his assessment of his colleagues. He was not one who harboured animosities and, if he had his preferences, he never allowed them to interfere with the free and unbiased exercise of his judgment.

Perhaps his greatest quality, as it must be that of any surgeon, was his love of the institution in which he spent his career and to the service of which he devoted his finest talents. Ignoring the beguiling attractions of easily acquired riches, he devoted his time and energies to the welfare of Guy's Hospital—this great centre of healing where we are now gathered to do him honour.

Guy's has nurtured many names famous in the annals of medicine, Guy's has had its martyrs, it has had its celebrities, its characters, its great scientists and its great clinicians, but never has it had a more devoted servant than Samuel Hall Wass.

In his obituary notice in the *British Medical Journal*, I was able to refer to the happy family life which sustained him through the strains which those who experience the responsibilities of high administrative office suffer. Whatever tribulations and anxieties the day's work may have brought, Sam knew that he commanded the affectionate respect of his colleagues at Guy's and the loving understanding of his family at home.

We may appropriately take as his epitaph the words of Horace :—
"Exegi momentum aere perennius."
"My work is done, the memorial more enduring than bronze."

GUY'S DIARY

APRIL

14	Tu	1.00	Clinical Lecture. Mr. KILPATRICK. "Genito-Urinary Tuberculosis."
17	F	1.00	Clinical Lecture. Dr. J. C. BROCKLEHURST, Consultant Physician of the Geriatric Unit, New Cross Hospital. "Ageing Bladder and Problems of Incontinence."
20	M	1.00	Clinical Lecture. Mr. FAWCUS. "Disorders of Communication."
23	Th	1.00	Clinical Lecture. Mr. LAWRIE. "The Undescended Testicle."
24	F	1.00	Clinical Lecture. Dr. SCOTT. "Pleural Effusions."
		2.15	Combined Round in the Pre-Clinical Classroom. Professor Sir HEDLEY ATKINS.
		4.30	Transplant Lecture in Clinical Theatre. Mr. M. BEWICK. "General Management."

NEW CROSS BREAST UNIT

by

David Tong, M.B., B.S.

Research Assistant to the Breast Clinic

Traditionally, Guy's has always played a dominant rôle in the study of breast disease. In 1829, Sir Astley Cooper published his classic treatise, "Illustrations of the Diseases of the Breast"—probably the first textbook ever published on benign disorders of the breast—and in 1840, there followed his equally famous work, "The Anatomy of the Breast". Nearly 100 years later, in 1936, Professor Sir Hedley Atkins (then Mr. Atkins) founded the Guy's Hospital Breast Clinic—the first such clinic in the world. Originally called the "Mastitis Clinic", it was sponsored by the British Empire Cancer Campaign as a modest venture to investigate the common but causally obscure disorder of "chronic mastitis".

The original studies were conducted in conjunction with Dr. A. C. Hampson and Dr. P. M. F. Bishop of the Endocrine Department. After many years collecting and examining cases of innocent diseases of the breast, a rational and simple approach to this disorder (relabelled "fibroadenosis") was outlined. (Atkins (1947.))

It was not until after the War that the work of the Clinic was orientated towards the investigation of cancer of the breast. Initially, purely clinical studies into the treatment of early breast cancer and the assessment and palliation of the advanced disease were undertaken. In this context, one of the first ever controlled clinical trials in cancer therapy was instituted in 1954 to compare the result of adrenalectomy and hypophysectomy in the treatment of advanced breast cancer.

In 1951, Miss Bridget Wolff joined the Clinic as Research Assistant. For 17 years until her retirement in 1968, she worked on the histological grading of tumours and the card indexing of clinicopathological data. This painstaking collection of clinical information on over 8,000 patients has been utilised in numerous published clinical trials, and has also been transcribed on data sheets for eventual computer analysis.

In 1953, Mr. I. L. Hayward was appointed as Assistant to the Director of the Department of Surgery. Soon after, research was begun into the hormonal aspects of breast cancer, and later continued in association with Dr. R. D. Bulbrook of the Department of Biochemistry of the Imperial Cancer Research Fund. From studies on the urinary excretion of androgen and corticosteroid metabolites, a biochemical test was devised which gave a crude prediction of the chances of success of the major ablative operations (adrenalectomy and hypophysectomy) performed in the treatment of advanced breast cancer. This was called the "Discriminant Function Test". (Bulbrook, Greenwood and Hayward, 1960.)

The scope of the work with the I.C.R.F. was expanded even further to investigate the endocrine factors involved in the aetiology and development of the primary disease and how these factors could affect treatment. The discovery that patients with relatively low androgen excretion (discriminant negative) not only had a poor response to major ablation, but also a high rate of recurrence and a poor prognosis after mastectomy, led to speculation that sub-normal androgen activity might be a possible causal factor of breast cancer. Following the appointment of Mr. Hayward to the Research Staff of the I.C.R.F., a prospective study on 5,000 normal women was set up on the Island of Guernsey in 1961. The I.C.R.F. Guernsey Project is the first prospective cancer study ever conducted on normal women. The preliminary results of this study suggest that abnormalities of androgen and corticosteroid metabolism are found in a high proportion of women who subsequently develop breast cancer (Bulbrook and Hayward, 1967).

In addition to the research on steroids, work has also continued on the surgical treatment of primary breast cancer, the treatment of advanced breast cancer and the histological staging and grading of tumours.

THE EXPANSION OF THE BREAST CLINIC

Twenty years ago the Breast Clinic was conducted by Mr. Atkins and a secretary on a Thursday afternoon between 3.00 and 4.00 p.m. About five to ten patients were seen in each out-patient session. In recent years the numbers of patients attending the Breast Clinic has increased enormously. New patients now total almost one thousand per year, and over 6,000 follow-up examinations are performed annually. Five out-patient clinics are held each week on Wednesday (two), Thursday (two) and Friday (one) afternoons respectively. Four medical staff and three secretaries are involved. Two minor operating sessions are held in the Out-Patient Department each week. Many of the clinics last for over four hours and approximately 30 to 50 patients are seen in each. Thanks to continuing grants from the B.E.C.C., these clinics will continue to be held in the Out-Patient Department at Guy's.

Until recently, when in-patient investigation or treatment was indicated, patients were admitted to the general wards at Guy's from a waiting list. To cope with the ever increasing clinical demand and the research programmes associated with it, the foundations of a specialist Unit were laid at New Cross Hospital in 1968.

On 10th March, 1970, Lady Atkins officially opened the world's first purpose-built Breast Unit.

NEW CROSS HOSPITAL
THIS UNIT WAS OPENED BY
LADY ATKINS
ON
10th MARCH 1970

Lady Atkins at the Official Opening.

The Breast Unit—Outside.

and Inside.

THE BREAST UNIT

The project cost over £125,000, and was financed jointly by the Department of Health and Social Security and the Guy's Hospital Endowment Fund. The Imperial Cancer Research Fund contributed the cost of equipping the laboratories.

The Unit has been designed specifically for the investigation and treatment of breast disease and is provided with the most up-to-date facilities. The two-storey building has 21 beds, of which 12 are in single rooms and the remainder in a compact nine-bedded ward. One of the single rooms is designed to accommodate a nursing mother and baby if necessary. The Unit is completely self-contained, and there is direct access to the adjoining Operating Theatres and X-ray Department. It has a reception area, recreation and dining rooms, kitchens and its own laboratories. The building has been designed so that efficient treatment of a frequently distressing disease can be provided in a friendly and personal atmosphere—a home-like environment that characterises many of the specialist hospital units constructed in recent years.

TREATMENT AND INVESTIGATION

It is not the purpose of this article to specify the therapy of breast disease nor to discuss the merits and indications of various forms of surgical and other treatment of breast cancer. The policy of the Unit will be to see all patients within the week of referral and to admit all those requiring in-patient treatment within four days. If malignancy is thought likely, the patient will be admitted within 24 hours. Immediate facilities for a pre-operative radiological skeletal survey and frozen section biopsy will be available so that there will be minimal delay in treatment.

The ground floor of the Unit is set aside for the investigation and treatment of patients with metastatic breast cancer. These investigations include the collections, under standard conditions, of three consecutive 24-hour urine specimens on which steroid assays will be carried out. Steroid secretion is greatly affected by adrenal "stress", so every effort has been made to minimise the physical and psychological trauma to the patient when she is admitted to the Unit.

The storage of urine during collection is facilitated by refrigerated shelves in the lavatories. The comfortable single rooms are each equipped with mechanised intensive care beds generously supplied by the King's Fund to aid in the nursing of very ill patients. On this floor there is a direct communication with the X-ray Department so that patients may be transferred on their own beds if necessary.

RESEARCH

The Unit is equipped with its own pathology laboratory for processing and sectioning breast biopsy specimens. Work will continue on the histological grading of carcinoma and its microscopic distribution in mastectomy specimens. The routine reports are provided by the Group Pathology Department at St. Olave's Hospital.

The bulk of the research programme will consist of correlating clinical findings with the results of steroid assays on plasma and urine specimens taken from patients with benign breast disease and early or advanced breast cancer. All the chemical assays are done at the I.C.R.F. Laboratories at Lincoln's Inn Fields, but the Unit has its own biochemistry section for the initial processing of specimens.

THE FUTURE

Essentially the purpose of the Unit is to treat patients with breast disease more efficiently. However, the new research facilities will allow a logical extension of the work already done at Guy's and the I.C.R.F. on hormone abnormalities in patients with breast cancer. The Unit will also provide an effective clinical background to the studies on the normal population now being prosecuted by the I.C.R.F. on the island of Guernsey.

A full understanding of all aspects of cancer of the breast—its aetiology, its detection, its growth and its treatment may one day help to reduce the appalling mortality (about 10,000 deaths per year in England and Wales) and morbidity of a disease which afflicts about one in every twenty-five women born in this country.

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ACKNOWLEDGMENTS

I am indebted to Professor Sir Hedley Atkins and Mr. J. L. Hayward for their help in the preparation of this article. I am also grateful to the Photographic Department and to Mr. Richard Wright for supplying the illustrations.

CHILDREN IN THE ROAD

by

Nicholas Dodd

If you were a child and your parents bought you the RoSPA publication "My Road Safety Book", you could certainly learn all about children dying on the roads. In the fifteen pages, the word "killed" appears eighteen times. The child is expected, and probably encouraged, to fill in statistics on the numbers killed, the ages at which they are killed and how they are killed. Also, children are left in no doubt as to what might happen to them if they don't wear safety belts in cars. (I wonder how many children are even supplied with seat-belts by their parents, let alone told to use them.) That is a rather alarming example of the type of present-day approach to accident prevention. This essay looks at why accidents occur, what is being done about their occurrence and what could be done to improve the situation.

There were 1,000 children killed on the roads annually between 1926 and 1946; it has only once been over 1,000 since then, and from 1952 to 1962 the figure dropped to below 800 each year. In 1968 the number rose to 890. Of these, 138 were killed as passengers in cars and similar motor vehicles. Of the remaining 752, almost two-thirds, 468, were killed crossing the road—1, when masked by stationary vehicles; 2, crossing without due care; or 3, simply dashing into the road. It is also interesting to note that about 180 children under the age of six were killed when unaccompanied on the roads. The lesson seems obvious; keep children away from the roads until they fully understand the dangers involved. Statistics show that road deaths begin to decline at about the age of ten, and Professor Sandels[1] says that children cannot be expected to be "tolerably reliable" pedestrians until they are ten to twelve years old. Equally obvious is the fact that completely separating children and traffic is impossible. Children have to go to school, a lot of them don't want to spend the whole day cooped up indoors, and parents actually send out very young children either on shopping errands or just to be out of the way. The child who wants to get out, screams, and when a certain pitch or duration is reached, the door is duly opened. The child feels good because he has asserted himself and won, the mother also feels good since she has aborted a headache and can now have some peace and quiet. Local Authorities provide school buses and school crossings, but are only beginning to see and do something about the urgent need of playing space. In our crowded cities, not everyone has a park at the end of the road or even a garden. More and more skyscraper blocks of flats rise in towns, and I quietly thank the planners every time for the remaining space so freed if it is sown with grass. The blocks may be aesthetically offensive to those who can afford to live elsewhere, but the grass means that the children will have somewhere to play in relative safety, and that the parents' minds will be more at ease.

Enormous amounts of time and money are spent on road safety, not only by RoSPA, but by teachers, the police, Local Authorities and advertising through the Press, television and hoardings. However, small children cannot read, and before the age of five cannot be reached by teachers. The best trainers of all must be the parents. Surely it is their neglect that has played a large part in bringing these other agents into action, and it is also our society's fault for not persuading them to teach their children, and to accompany them. Similarly, sex education now takes place in schools and soon on television, and, presumably, if parents were to give up potty training, the responsibility for this would fall to the health visitors and schools of the Local Authorities!

The long term policies of accident prevention are just as important, perhaps even more so, than the short term ones: the provision, *in town planning, for adequate facilities for children to play.* Also, the gradual separation of pedestrians and traffic and the moves for intensifying persuasion of the parents to feel responsible for the road safety education of their children.

Why do children have accidents? Since there are about 14½ million licensed vehicles on the roads travelling about 120,000 million miles per year, and about 13 million children, collisions are bound to occur. Boys have more accidents than girls, the peak ages being seven and three respectively, and this is largely put down to the fact that boys are more adventurous than girls. Not only do they run around more, but also are more eager to get out of the house. Children are small in stature and therefore are not so easily seen as adults, by car drivers. Obviously, a child with defective vision or hearing has a slightly increased chance of being involved in an accident, as has a child who is a little deficient in mental capacity. The student of eugenics might say that this is a good thing, since quantity rather than quality seems to be the hallmark of the human race at present. Accident proneness is a phenomenon certainly seen in children and may be due to disorders of emotion as well as physical capacity and intelligence.

The death rate of children, from all causes, has vastly diminished over the past 150-200 years. One hundred and twenty years ago the infant mortality rate (the number of child deaths under the age of one year, per 1,000 live births) was 153. In 1966 it was 19. Along with this, the value of a child's life has greatly increased over the same period, if we measure the value by what we spend on each child or judge it by the degree of tragedy surrounding a death. This is also borne out by the fact that we are now almost too protective of our children. Let me hasten to add that I am not suggesting that we should allow our children to run wild in the streets as soon as they can run, nor that we should give them cotton pyjamas and leave open fires in their bedrooms. But I do believe that they are far too restricted and stifled in their early life. When our children are able to get about, we insist that they don't do this and don't do that in the home, and out in the open, best behaviour is the rule, since this is what present society seems to demand as the ultimate in child-rearing. It quite surprises me that the child's first spoken word is not "don't" more often, because I'm sure this is one of the words with which he is best acquainted. Small wonder, it is, that when he is let out without his censor that "don'ts" become dares and that dares become accidents. If the child is fortunate, the dare becomes a near miss, plus, more often than not, a harsh shouting down from an adult who has narrowly avoided the calamity. I'm sure that a quiet word, explaining what might have happened, and how lucky they *both* were to avoid the accident, is far more likely to induce the child to become more cautious. A loud-mouthed "don't", possibly cathartic for the adult, may, for the child, serve only as reinforcement for what has gone before.

Who does the death happen to? A five-year-old child runs into the road and is knocked down and killed by a motorist. In the contemporary view of death, the death happens to the deceased. In the traditional view, it happens to the immediate family and close relatives, and the mourning period is regarded as a time during which the family situation can be restabilised after the loss of one of its members. Thus, if an important member has died, then the period of mourning tends to be longer. A child road death is unexpected and unprepared for and is viewed as being far more tragic than death later in life. The paradox is, that although a relatively unimportant member of the family unit has died, more time seems necessary for restabilisation than if an older and more important person had died. Here, we must remember, that it is we, parents, drivers and observers, that act out the amount of tragedy there is surrounding a death. But how do children view death?

In the past, a child's first thoughts on death were probably prompted by religious instruction, the tranquillity of Heaven and the fire and brimstone of Hell as the two alternatives in the after-life. Nowadays, religious teaching is, maybe, not so widespread, and anyway, does not lay quite so much emphasis on the necessity of being good in order to avoid going to Hell. The first contact with death now is more likely to be the sight of dead animals, the disappearance of a pet, or the disappearance of Granny. These events sooner or later spark off questions, and whatever children are told, they afterwards associate death with immobility, separation, darkness, sleeping and horizontal positions. But when do children consider the possibility of their own death? In Gesell's opinion it is about the age of seven that they begin to think of this. Therefore, telling young children that they might be killed on the roads will have little effect on their chances of actually being killed, since they cannot conceptualise their own mortality.

In conclusion, what new measures can be taken to further prevent these accidents occurring? Firstly, more time and money must be spent on educating parents; teaching them that children are not equipped mentally or physically to deal with roads until they are at least ten years old. Children are unable to compute the speed of a car with its distance away and their own speed in running (or walking) across the road. An adult realises at a glance that a collision will occur if he walks across the path of an on-coming car. A child just can't do that. Many children think that adults are all-powerful, and quite capable of halting a car very sharply, should the need arise. This merely adds to their self-confidence. The enlightenment of parents must take place in magazines which young mothers read, in infant welfare clinics, and advertising in such places as launderettes, chemists, hairdressers and doctors' and dentists' waiting-rooms. It is interesting to note that many road safety teachers who visit schools, now insist that parents are present at their lessons. Maybe a separate lesson for the adults could be arranged at the same time.

Secondly, I believe that we should give our children more free-will; encourage them to make decisions and help them when they make mistakes. H. G. Ginott in his book, "Between parent and child", says that two-year-olds can be given the choice between half a glass of milk or a whole one. Four-year-olds, half an apple or a whole apple; and six-year-olds, boiled eggs hard or soft. When buying, for example, a sweater for a child, the mother could select two or three different ones and leave the final choice to the child. Children continually strive towards independence, and restriction is often necessary, but over-restriction may serve as a further incentive towards autonomy and lead to stupid behaviour on the roads. If we allow children to choose in a greater number of simple situations, then, maybe, they will not feel such a need to express their independence in more dangerous ones.

Thirdly, a change must come about in the type of propaganda being used. At present, approximately £180,000 is being spent by the Ministry of Transport on a campaign aimed at children. The campaign consists of various cartoons showing a child doing something wrong, e.g., dashing into the road without looking; and a parrot, named Squawk, telling him what he ought to be doing. Young children cannot read and even many older children, who can, must be drawn more to the pictures than the words. They are thus being shown exactly what not to do; we can distinguish, but can they? The danger lies in the fact that children are great imitators. Could not this money have been far better spent on films and posters depicting famous people, well-known to children, simply being good pedestrians? Surely the Beatles, George Best, Bobby Charlton, Tom Jones and the like would spare a little of the time?

Finally, since adults jump on and off buses and cross busy roads when there is a zebra crossing only a short walk away, it isn't really surprising that children do the same. It is the responsibility of us all to set an example of good behaviour on the roads, not only for our own safety, but also the safety of those who come after us.

Nicholas Dodd is a recently qualified Medical Student.

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[1] Head of the Research Institute of Psychology at the Stockholm School of Education.

NURSING SECTION

Advertising for Nurses

The Government has recently announced its intentions of launching a large advertising campaign for the recruitment of nurses.

After much photograph-taking around the hospitals in order to find photogenic nurses, it was decided that they all looked too austere, and a professional model was engaged. This precipitated the now famous outcry by both the public and, we are told, the nursing profession. It was maintained that if the genuine article could not be found, then the campaign was pointless.

Subsequent to all this, suitable photographs of nurses were obtained, and it was most gratifying to discover that Guy's nurses are not only proficient, but also attractive and well represented in this venture.

Whilst we are waiting for the frantic rush to join our ranks that this campaign is supposed to produce, let us cogitate for a while on one rather disturbing aspect.

The advertisement, which is more reminiscent of an inducement to eat fish fingers than that to enter a supposedly respectable profession, has been noticed to filling whole pages in the popular Press. However, not one vestige of this has been seen in those newspapers which are thought by those of us who peruse them to be read by "Top People"! This is very worrying! Who is it that the Government are trying to attract? Whereas one readily accepts that there are various levels in everything, there are all those number ten posts of the future to be filled, and, are not these candidates going to be required to have achieved university status before appointment to these positions? If then, we wish to attract this calibre of nurse by advertising, we should surely use the media with which they are conversant in their final years at school. Most schools which provide facilities for advanced study do not use the *Daily Sketch*, etc. for the edification of their pupils. This campaign, therefore, will not reach our potential higher officers.

One accepts that nursing is considered to be on a much lower plane than medicine or other professions. There are, however, those amongst us who are able to interpret the finer points of newspapers which do not consist entirely of pictures!

Would it not be beneficial to both the Government and the Profession to extend the advertisement over a much larger range of papers and journals? It would then be seen by a greater variety of people, and possibly attract candidates who were suitable for employment in all branches of nursing?

NOTICES

BRITISH DENTAL ASSOCIATION ANNUAL CONFERENCE, JULY 1970, MANCHESTER

GUY'S HOSPITAL DENTAL SCHOOL ALUMNI LUNCHEON

A lunch will be held on Thursday, 16th July, 1970, at 12.30 p.m. for 1.0 p.m. in Room B on the second floor of the University Staff House. The Staff House is in Burlington Street facing the side entrance of the main administrative block of the University. The seating capacity of Room B is 40.

Would those wishing to attend send Professor E. Matthews, Turner Dental School, Bridgeford Street, Manchester, M15 6FH, their names, addresses and cheque for one guinea, by Wednesday, 8th July, at the latest.

Middlesex 7's

Tickets are available for the Finals of the Middlesex 7's at Twickenham on 2nd May. Tickets are obtainable, price 10s. each, from Mr. J. Goodliffe, Appointments Bureau, Guy's Hospital, S.E.1.

CORRESPONDENCE

Richmond '70

SIR,—I travelled 150 miles to see Guy's play in the Rugby Cup Final. I was amazed at the performance of numerous long-haired youths who, I presume, are Guy's students.

In spite of requests in the *Gazette* not to do so, these insolent youths, who no doubt are receiving Government grants, pelted the members in the stand with what I assume were bags of flour. I was lucky not to get a direct hit.

I presume this performance is put down to student expression, but to assault many very distinguished old Guy's and Bart's men, together with their wives and families, to me seems disgusting.

I met several rugby players not connected with either Hospital who came to support rugby, and received this treatment. Many of the Guy's senior staff must have given up valuable time to support the 1st XV. What a reward for their consideration.

In the old days we had Rags, but an altercation was directed to rival students. I hope steps will be taken to stop this pelting of the stand, otherwise I can see support dwindling.

Yours sincerely,

JAMES R. F. POPPLEWELL.

45, Charles Close,
Wroxham, Norwich.

SIR,—I am writing to express my disgust at the behaviour of certain Guy's students at Richmond during the Rugby Cup Final. To witness at half-time, friends, relatives, members of hospital staff, public and Press being bombarded with flour, soot and gentian violet, made myself and other members of the 1st XV very angry. Incidents of this nature are always to be deplored and condemned, especially when they involve innocent defenceless bystanders and people who have supported the hospital for many years. Who can blame them if they stay away next year?

Whatever the reasons for this unwarranted attack—misplaced enthusiasm, frustration at watching "your team" being soundly beaten or just freedom of self-expression that students hanker after so much nowadays—it certainly adds ammunition to the mounting criticism of the Rag activities. Over the past few years the traditional pre-match free-for-all, has escalated into a commando-style military operation with precision planned moonlight sorties by paint daubers and banner hangers. Inevitably, members of the public and the police get involved, hospital and private property is damaged, there is bad publicity in the Press, and at the end of it all, someone has to foot the bill for repairs. Presumably this money comes from United Hospitals Rugby Club, who can ill afford to have this unnecessary strain on their resources and the hospitals involved, who would certainly put the money to better use.

It is to be hoped that in future years the Rag will be banned completely by the Medical School Authorities, so that there is no alternative attraction at Richmond. Their players and genuine supporters will be able to enjoy the game without interference from selfish elements who only bring discredit to the hospital. As far as I am concerned, they can stay at home, because their "support" is not appreciated by anyone.

Yours sincerely,

BRIAN J. ROWLANDS.

61, Trinity Church Square, S.E.1.

SIR,—Once again the Hospitals' Rugby Cup Final has brought its usual disgusting and degrading scenes, the only difference this year being that the behaviour on the playing field was hardly bettter than that of certain of the Guy's supporters. For reasons I shall never understand, some students feel the need to throw gentian violet and dental plaster bombs at each other. This in itself is, I suppose, a fairly harmless pursuit, but I have no wish to be involved. I trust that in the cold light of the day after, those hooligans who bombarded the spectators in the stand, and I am sorry to say they appeared all to be Guy's supporters, have come to regret their actions. I have now been associated with Guy's for some 13½ years, and yesterday was the first time that I have felt ashamed of being a Guy's man.

I hope that by the time this letter is published, the culprits will have been punished, amongst which punishments I would not rate six months' suspension from the Hospital too high a penalty. I also hope that some means will be found of making those who did the damage, pay for it themselves rather than spreading the cost over the whole student body.

Should Guy's reach the Final in future years, I trust the Rag will be banned, but whatever happens, I doubt whether I shall be among the spectators. I, and I suspect that I am not the only one, can think of a great many more profitable ways of spending an afternoon.

Yours faithfully,

COLIN HUNTER-CRAIG.

Department of Forensic Medicine,
Guy's Hospital, S.E.1.

More Apathy ?

SIR,—If apathy is in evidence amongst the sports clubs at Guy's, it has certainly struck the X Country Club very badly.

Five years ago we were one of the most successful clubs at Guy's; even two years ago there was always a team of eight or more on Wednesday, and at least four on Saturdays.

At present there are no effective members willing to run regularly. The reasons are probably *multiple: the inconvenience of having to travel to* outside of London in order to find country, and the poor changing facilities at University grounds. In addition, the competition is very high and is a sport where position and time matters, nobody likes coming last.

As a moderately competent runner myself at school, I was prepared to take longer round a course with University champions, but not prepared to do so alone. If we had more members just interested in keeping fit, perhaps those less proficient runners could enjoy battling round and keeping together.

This club is in danger of extinction unless people want to run regularly and enjoy it and the benefits you get from exercise. It's a new club now for those who wish to join and re-form a good club. Should anybody be interested, I would be very willing to help recognise any attempt.

Yours faithfully,

A. R. ROGER.

P.S.—We already hold £37 funds!

St. Christopher's House, S.E.1.

Boxing

SIR,—That such a simple question about boxing should have provoked doubt about my integrity and sportsmanship can surely only indicate that the defenders of this "sport" are in some difficulties with their case.

Perhaps Mr. Sheeran feels much as the opulent promoter did who, when questioned by an elderly lady M.P., firstly called her ignorant—yet he was the one who was answering the questions—and then offered to settle the matter by physical violence—presumably by proxy.

Fitness, discipline, courage and self-control are obviously all exemplified in a good boxer and I admire and respect these qualities as much as anyone. *Common sense would seem to me to be the quality conspicuous by its absence* in the participants. Morality does not seem to come into the matter unless one of the parties is an involuntary participant.

Aggression is quite another subject and, in sport, its presence would seem to vary inversely with the skill displayed but, unfortunately, directly with the successful results achieved.

Yours faithfully,

B. A. TUDGAY

Broomden, Ticehurst,
Wadhurst, Sussex.

CLINICAL DAY, 1970

Saturday, 7th March, in accordance with long standing tradition, dawned crisp and fine and apart from a short but gentle snowstorm around noon, remained so all day. After a suitable pause in St. Thomas' Street to assess the progress of the Tower Block, old Guy's men and women began converging on the Dental School at 10.0 a.m. One notable absentee this year was Professor W. E. Herbert who, because of his year's teaching commitment in Tehran, was unable to be present at Clinical Day for the first time since its inception in 1933.

As usual, the fare was varied with operations taking place in the Observation Theatres in New Guy's House and demonstrations and clinical cases being shown in the various departments. All demonstrations reached a very high standard both in terms of quality and presentation, and most were carefully planned to be of a value to practising colleagues. An example of this was the series of demonstrations presented by the Department of Conservative Dentistry dealing with Anterior Filling Materials. Included in this series were Cavity Linings, Carboxylate Cements, Silicate Cements, Gold and Porcelain Inlays, Gold foils, Composite fillings and that problem of all practitioners—moisture control. Amongst the surgery equipment and aids to practice which were being shown, two were of particularly outstanding interest; these were the intra-oral illumination technique employing fibre optics shown by Mr. R. B. Johns and Mr. N. A. P. Thompson, and the battery operated handpiece by Mr. R. W. Jones, a senior student.

The Department of Dental Prosthetics included amongst its demonstrations a most helpful assessment of Alginate impression materials, and interesting, highly informative Tape-slide demonstrations on the use of precision attachments and on Mylohyoid Ridge Resection. Amongst the contributions from the Department of Oral Medicine and Pathology there was consideration of Recurrent Aphthous Ulcers and the problems of control by means of Steroids and other methods. The Oral Surgery and Casualty Departments dealt with Temporo-mandibular joint dysfunction, whilst Preventive Dentistry demonstrated topical fluorides, the problem of the mobile tooth, toothbrush trauma, sweet eating habits and the work of the Dental Hygienists.

The Children's Department, in addition to showing cases of special interest, assessed the scope of Orthodontic treatment in the Health Service and demonstrated methods of recording speech behaviour patterns.

Basic research interests were catered for by the X-Ray Cinefilm of mastication with the rat and opossum, from the Unit of Anatomy in Relation to Dentistry and Caries and Plaque Research from the Department of Preventive Dentistry.

As has been the custom for many years, two lectures were included in the programme, the Pre-prandial lecture was given by Professor Sir Robert Bradlaw, who spoke to a most appreciative audience on "Pigmentation of the Oral Mucosa". This was followed by lunch in either the Medical School or one of the local Hostelries. The afternoon lecture was once again given by Professor R. A. Cawson, who, to the usual full house, talked about the cases referred to his Clinics.

The afternoon ended with tea in the East Wing.

Once again Clinical Day was a great success and there can be no doubt that the hard work and ingenuity put in by the demonstrators, Dental Photographic Department and Medical Illustration—not forgetting the Maintenance Department—was well worth the effort and reflected great credit on all concerned.

M. N. Naylor.

Medical Protection Society

Assets Exceed £500,000. Founded 1892.

> *" The first thing we do,*
> *lets kill all the lawyers "*

Shakespeare : King Henry VI Part II.

But killing lawyers is illegal. Some 50,000 doctors and dentists prefer to enjoy complete immunity from litigious patients through membership of the MEDICAL PROTECTION SOCIETY. Benefits include unlimited indemnity against costs and damages arising out of allegations of professional negligence.

All doctors working in N.H.S. hospitals are required to belong to a recognised protection organisation. This includes pre-registration appointments.

Students may arrange to join before qualifying at a reduced subscription of £2 0s. 0d. This may be paid up to three months *after* **qualifying, although full cover is automatic from the date of provisional registration.**

Full details from :

The Secretary, H. A. Constable, M.R.C.S., L.R.C.P.,
Medical Protection Society, 50, Hallam Street, London, W.1.

REVIEWS

"FRESH JAM"

Any non-professional performer must steer a subtle course between the audience's sympathy and embarrassment. Conventionally this is achieved by casting the audience as solely onlookers, and appealing to them in the Johnsonian tradition of a woman preaching—not doing well, but surprising by doing at all.

Within a week we were given at Guy's two admirable events, which transcended the usual. Following the very excellent "Fire Raisers", we had Jam Today in the Spit, which was an enterprising venture into mixed media, demanding eyes, ears and mouths of its audience. It was a logical successor to Folkus, which had shown that interest in and enthusiasm for folk and neo-folk are abundant here, and had achieved easy popularity through enthusiastic performance and the familiarity of the material, enabling the listeners to fill in the imperfections with the mind's ear. The freshness of the approach in Jam Today necessitated the audience's close attention, but was thus more likely to engage its critical faculties.

In addition, by its open-ended choice of material, it opened the way for besetting temptations of self-indulgence, obscurity and coyness, happily, to a large extent ignored.

The concept and layout were excellent, engaging attention on two sides, with lights and stages. In the opening item, Damien Downing and friends alternately cajoled and cudgelled us with jokes which were actually and unintentionally funny at times, although somewhat upstaged by Boot, the pedigree mongrel. This was followed by Ian Cooper's excellent and fluent guitar and voice, sounding more Harperish than Roy Harper with his own and Harper material. Mike Lovell played the first of his many rôles in backing him with piano and then with unobtrusive guitar the clear, positive readings of Brian Patten, Leonard Cohen and the Bard. This, in its simplicity was the most successful item, asking us to listen and follow, and catholic in the choice of poems. The readers were Liz MacFarlane, Ann Conbeer, Tim Kidger and Paul Hewish.

Following the interval, Pete Sebel and his Friends offered promisingly, blues, fun, and (dare I say it), satire. Original, but sometimes losing their audience through their inaudibility.

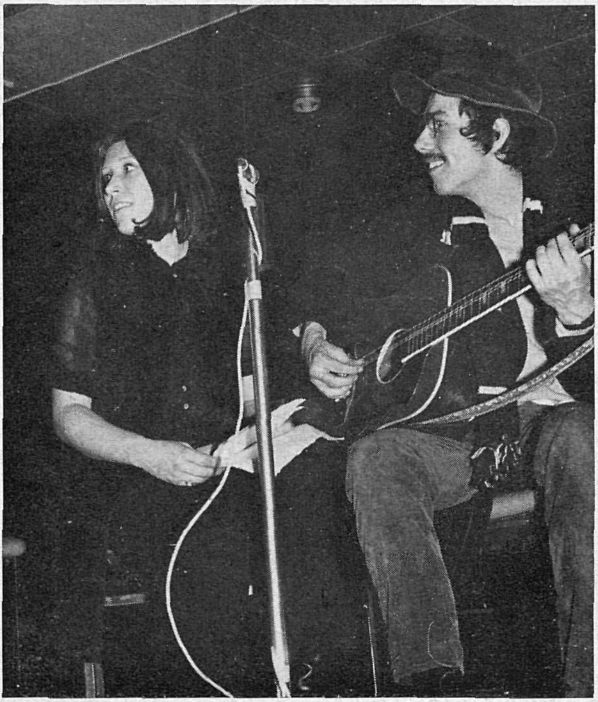
The final showpiece was the group, which, formed *ad hoc*, from not inconsiderable talents, fell into the super-group trap of lack of idiom and direction with their mixture of electronics, jazz and current sounding blues. Starting with a line-up of flute, sax, two guitars, bass, drums and piano, it was gradually whittled down. The material was varied, probably a little too progressive. The sound became more coherent as they continued, ending with a straight guitar format.

Electrically the show was a success. The P.A. system was well hired—we obviously need one at Guy's for the future. Personal best buys of the evening were Brian Patten, Steve Callender's guitar, and Bruce Dick's James Dean.

There is plenty of room for people to try their hand with successors to this and Folkus. Please come forward. The only watchword should be self-discipline.

M.F.M.B.

Ann Conbeer and Ian Cooper in "Jam Today".



THE FIRE RAISERS

"Consider, mein Herr, the insinuation of a group of political extremists within a free voting society. In the first instance, it must depend on complacency. If the complacency of mein Overlord is such as to undermine his authority, nein, his watchfulness, nein . . . . . . consider the mind of the Citizen isolated from his fellows. He is highly susceptible on the one hand to suspicion and insecurity on the other to insemination of new ideas. Consider, mein Herr, insecurity of mind. It is a far more fertile breeding ground than ze . . . . . . ze, how you say, wholesale disruption of a community by ze blitzkrieg, jawohl ze military magic. For if the insecurity of the Citizen is tuned to a pitch such that it becomes intolerable, what then? . . . . . Ah, he will seize the first frail prospect which offers solid ground for his feet, stability for his mind—even though it means renouncing old faiths, old friends, old affiliations. It is an insidious process, mein Herr, fundamentally distinct from the booted pomp and paroxysms of the military coup. It is the process chosen by the Fire Raisers".

The voice of an allegory cannot be separated from the message it conveys. In this respect it is similar to a political cartoon in which significant points are emphasised by caricature. The criterion by which we measure its success is first the extent to which we feel a total involvement in the web of Herr Biedermann's nightmare, and secondly the extent to which this nightmare as depicted on stage illuminates the processes outlined above. From this standpoint we must trace the fire which broke out last week in the home of a prosperous middle class German.

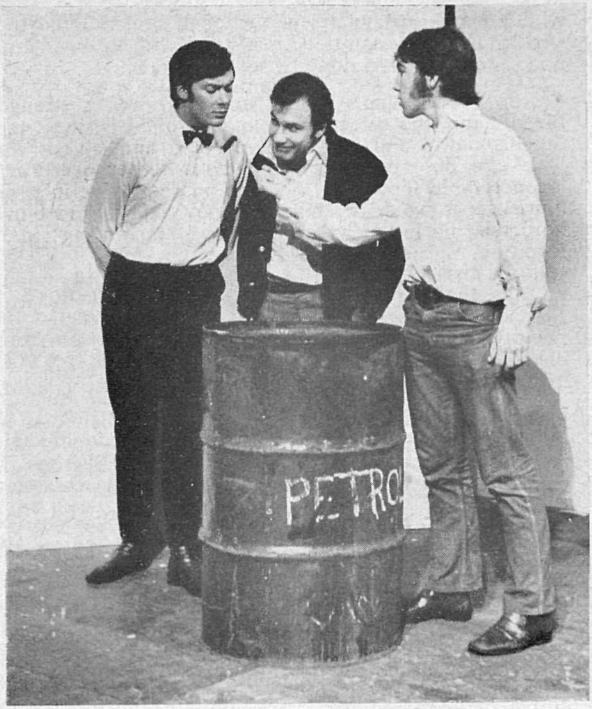
Herr Biedermann was prosperous, a millionaire we are told, a descendant we would guess of those bloated profiteers which Grosz caricatured with such vivid hatred in the 1920's. It is an unattractive prospect at the best of times for an English audience to identify itself with the product of a corrupt foreign capitalism, and it was an imaginative move on the part of Paul du Plessis to shift our responsibility to a home-grown Lancashire industrialist. In this shape, Biedermann became instantly acceptable. Yet prop his untidy figure against a German backcloth dripping German names, hang it with the hearty bluster of northern coalfields, and it assumes a shade of the incongruous verging on unconvincing and altogether unsuited to the brittle mood changes necessary, say, in the opening scenes when Biedermann face to face with a homeless vagabond shuttles between the contempt of a self-made man and the dumb bewilderment of a shopkeeper dealing with customers who offer no terms. If a conflict of mind existed, it was careful to keep its face buried in accents of guff and bluff.

Biedermann's humanity, like his hair tonic, ran skin deep. And his wife, Sarah Lange, expressed concern for Schmitz and his boiled egg—but only because her life was run on the fear of giving offence. Concern is here a negative feature. Her disgust at having to feed the beggar at all, her indignation that beggars have a right to be fed, are positive ones and deserved to be emphasised, even caricatured. And where were the grey hairs, the grey lines, the grey neuroses which a lifetime's imprisonment between the covers of an etiquette book bring? Where was the weak heart? Less a reflection of physical disability, more of mental inability to believe that anything existed outside the four walls of her kitchen except more kitchens, all cooking their plump geese. It is a keypoint and the emphasis of keypoints is the essence of allegory.

Time and again we scurried by head down, umbrella up, warding off significant clues we'd rather the audience didn't see. This is robbing the playwright of his toolbag. Down in the cellar, for example, Biedermann confronts us with the crucial question: "Tell me honestly, gentlemen, what would you have done in my place, damn it all, and when?" The emphasis lies not in the words, but in the stage direction which follows. *He listens. There is silence.* This is the most thought-provoking moment of the play. As we sit each in our cell awaiting sentence, the silence which plays overhead is far more telling than the accusation itself. But where, yes, where was the silence? Mr. Producer, you never gave us the chance. You were in too much hurry to taste your goose dinner to let us savour our conscience. The eerie chant of "Everyman! Biedermann!" deserved the echo of the Chorus. Was it made clear that in lighting the candelabra, Biedermann was lighting the fuse? Seen in this light, it's hardly surprising his laughter was hysterical, but there's no reason why that of Schmitz and Eisenring should have been. Their misplaced conviviality dissolved their host's allusion to the Last Supper.

And all the while the party cried for the doomful company of Widow Knechtling. Gliding in and out of Biedermann's conscience, Alison Russell alone seemed aware of the death in store. Her voiceless shadow was the one constant focus in a constantly shifting dream, and infinitely more articulate than the clumsy sing-song of her fellow firemen.

The Brigade of Firemen was commissioned on three counts; on all three counts it failed and failed tragically that night. In the first place, a Greek Chorus represents the Elders of the Stage. Elders must be impressive; these were not. Their march is slow, ominous, deliberate; they clattered down the steps like schoolchildren. In the style of the Greek stage, they are "helpless, though watchful", unable to influence the events they see, only to declaim them in monotones slow and moralising; so they babbled like schoolchildren. Secondly, they are there to represent a municipal body, uniformly solid in duty and purpose, solidly uniform in conscience and corporate spirit. They act as one, they speak as one; they still babbled like schoolchildren. They are prisoners of a bureaucracy, unable to act on their own initiative, unable to move independent of their brothers; they gestured freely, they moved independently. Third—and most tragic of all, it is poetry which falls from their lips. It may not rhyme, but it is still poetry. It tells of "monstrous events". Monstrous events need the solemn power of poetry for their prophet. Monstrous events need to sink in. Monstrous events ask more than the metropolitan majesty of common firemen. They cry out for a chorus of bards to toll their message



The Fire Raisers and their Host.

[Bob Mackay, Andrew Wozniak, Paul du Plessis]

The Hostess [Sarah Lange]

[*Photos:* Tim Kidger]

with all the solemn splendour of Newgate Bell ringing in the morning of execution. They ask not for a hand with the hanging. Mere hoses could not undo the mutilation done by tongues that night.

So Biedermann's house burnt. It was a strangely inappropriate house. Biedermann, the ostentatious loudmouthed business man who enjoyed displaying his new-found wealth in damask and silver. His wife, concerned with little else but appearances, his housekeeper overprim, ever precise. It is as inconceivable that Herr Biedermann could live in a pigsty as that his wife or housekeeper would let him—yet how do we find him? A tweedy Lancashire hotpot airing his views against baggy brown curtains, ill-fitting doors, cottage furniture, uncarpeted dust.

But there's no doubt it was a fine fire. It broke like the cannon's opening roar on the eve of Waterloo. Those inadequate firemen, born to preach poetry from the regulations book, scrambled down to help give birth, cheered on by the cry of sirens, the smack of flames and falling timber, the eruption of fireworks.

It is a fitting tribute to the Fire Raisers that in death the cast found resurrection. Deep among the rubble, the clinging smoke, the desolation of a ruined temple blowing its last incense, the full irony of Gottlieb Biedermann's (literally, God loves an honest man) fate struck home.

In reality, nothing had changed. Herr Doctor (Richard Wright) was still busy dispatching damned souls. Schmitz (Andrew Wozniak) still stoked the fires of Hell. His grin was all the more unnerving when seen against the luminescent flames curling endlessly over the night sky. It expressed perfectly the satisfaction he must feel in applying the only education his father ever gave him, charcoal-burning. When you have never known the niceties of life, you live on enormities. He is at home here among the blaze, just as the Scientist is at home loping playfully among the rubble he has created. It is interesting that the Chorus are mildly sympathetic towards this man whose irresponsibility is in effect far more dangerous than that of the Householder.

Yet in the end all belongs to Eisenring. Beneath the polished matting, Bob Mackay discovered the greasy soul of a head waiter whose training had taught him the art of passing off on his customers the uneatable for the unbeatable. Outwardly obsequious, outwardly sympathetic, yet in complete command of his host, his minions, his pet. Yes, even Anna (Elizabeth Macfarlane) in Hell moved with a new dignity under his paternal eye, all resistance broken by the heresies inflicted at the Last Supper. Even those two chairs, strung helplessly from the crossbar and protesting to the last, went to meet their maker.

Whether in his shirt tails or on his rusty red bike, Eisenring is the priest who makes the impossible plausible, and before we leave, it's worth examining his technique for converting souls. The first essential is to find a weakness in the client, but then "every citizen above a certain level of income is guilty of some offence", and in Biedermann's case it is the death of Knechtling. Then to provoke enough guilt in the mind (Widow Knechtling), enough guilt to break down the security which a complacent community builds around its conscience. To break it down to a level at which salvation in any form, whatever its consequences, is infinitely preferable to the return to a way of life bound up in intolerable guilt. To admit for a moment that his guests are fire raisers is as unacceptable to the mind of the Householder as to admit the damning responsibility for his partner's death. Biedermann has no choice but to cling to delusion.

I wish I could have shared it, but then I was on the outside looking in. I felt no challenge, no conscience, no duty to his household, no obligation to lead the Chorus in one final glorious assault on the attic and its hundred petrol drums. I felt no desire to involve or dissociate. Only a delicious warm glow on my face as I watched Hell burn. It was a fine fire.

Robert Lomax

SPORT

SPORTS COMMENT

Summer is here again! However, we must only accept this in a metaphorical sense as our beloved long-term weather forecasters inform us that April will be a month of snow, sleet and frost. Never mind, though, the rugby boots must be hung up, and the cricket whites must be dug out and demothed. The summer change-about in sport is upon us. The athletes must brave the snow-storms again, being driven on by the dream of hot summer afternoons, such training will enable them to be fit enough to stand the torrential rain which undoubtedly will be falling during each major event this summer. Let us not be too gloomy ; there is much to enjoy once this "winter/summer" period is past.

On a serious note, the country again has the ugly prospect of riots and violence this summer. This comes mainly as a result of the decision to invite the South African cricket touring team over here. One may ask where has the British sense of perspective gone.

With reference to the last article on allowing South African sportsmen to compete here, it was interesting in that the letters of complaint seemed to miss the points that were made. The main one being that one must decide on such issues in a clear and logical fashion, free from emotional and jingoistic sentiments. It seemed pointless at the time of writing, to send the rugby touring team home in the middle of the tour, as at least their presence had provoked renewed discussion on an issue which had been largely forgotten. Finally, it was evident that after the first match, the violence of the demonstrators was no longer directed at the rugby tourists, but at the police who, as a completely neutral body had been called in to protect the interests of the rugby enthusiasts. The criticism of such action was merely that it was out of keeping of our great democratic tradition, and was exposing our under-manned and overworked police force to unnecessary danger.

However, in the light of the last tour, the new invitation extended to the South African cricketers is an entirely different kettle of fish. The argument of provoking interest in forgotten issues is now worn rather thin. Also to maintain sporting links with South Africa in the face of world attempts to ostracize them seems absolutely ludicrous. The police will be expected again to stand between the two conflicting bodies. Finally, how on earth can the cricketing lords allow the insult to Basil D'Oliviera to be forgotten so quickly. It was Mr. Vorster who prevented our touring team from visiting South Africa, so why are we inviting their players here? It seems our great heritage of common sense has been lost, and this sense of fair play has been carried too far. Let us join in with the voices of dissension to cancel the invitation before they arrive.

RUGBY

THE UNITED HOSPITALS CUP FINAL

GUY'S v. BART'S

Richmond, 23rd March. Lost 15—0.

A great sense of sadness and gloom settled over our hospital tonight, following this our third defeat in the Cup Final over three consecutive years. This was the last year in which our team contained the remaining great players of Guy's, as many of them will be unable to play again for us. Our hopes were high, although the odds were against us, and somehow it was thought we could pull something out of the fire. But it was in vain, we were beaten by a better side.

The first half started with Guy's kicking into the wind, and in the ten minutes that followed, Guy's forwards looked as if they were going to dominate the loose play and line-outs. But as if expected, Guy's gave away two easy penalty kicks which put Bart's up six points without even trying. After this, Guy's attempted to fight back but never quite made Bart's touch-line, although there was still plenty of ball from the forwards. Our passing in the backs was particularly poor, being slow and inaccurate. Merrit did some clever "kicking into the box", but our forwards were unable to protect him. In most of the game, repeated efforts found Guy's in the Bart's 25, but nothing came of it, and so at the turn-round the score remained 6—0.

The second half was very painful as Bart's now dominated the loose play and their backs got into their stride. Ross and Novak came into the centre positions but even their crunching tackling was unable to stop the beautiful back movements of Bart's. However, Guy's were not easily beaten as again and again they attacked but were halted on the Bart's line after Ross, Novak, Forbes or Neville had battled through Elliot to come into the line and struggle through but to no avail. It was indeed a fine game, Bart's playing with great style, but Guy's fighting on to the end.

Guy's were indeed beaten by the better team, but the hospital should be proud of their 1st XV's efforts, as they never gave up. Tribute should be paid to Captain J. Ross for his great inspiration to the team.

Team: D. Elliot, J. Ross (Captain), S. Horsley, D. Burrows, J. Novak, J. Baker, C. Neville, M. Forbes, D. Stewart, B. Burt, A. Addison, G. Hey, J. Davies, B. Roberts, D. Merrit.

TABLE TENNIS

GUY'S v. LONDON HOSPITAL

19th March, 1970. Result: Won 9—3.

Another victory in the newly-formed Inter-Hospitals League making three in a row. A convincing win, nine games being taken easily and three lost narrowly. The table tennis scene is picking up from the doldrums, as we have won the Inter-Hospitals Competition Trophy, which we started ourselves, so it couldn't go to a better team.

Team: C. Wang, I. Harradine, B. P. Levy.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered dental practitioners for the appointment of **Lecturer** (full-time) in the Oral Surgery and *Dental Casualty Department with duties commencing* on 1st October, 1970. Salary within the range of £1,885 to £3,020, with superannuation. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, S.E.1., not later than **Friday, 24th April, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of **Senior Registrar** in Thoracic Surgery for a period of one year from 1st July, 1970. Forms of application are obtainable from and should be *returned to the Superintendent, Guy's* Hospital, London, S.E.1 not later than **24th April, 1970.**

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence on 1st October, 1970:

Department of Conservative Dental Surgery
Registrars/ Demonstrators to attend full-time or part-time.

Department of Dental Prosthetics
Registrars/Demonstrators to attend on 6, 5, 3 or 2 sessions per week.

Dental Department for Children and Department of Orthodontics
Senior Registrar full-time.

Clinical Dental Surgery
Registrar full-time.

Department of Periodontology and Preventive Dentistry
Registrars/Demonstrators to attend on 6, 5 or 3 sessions per week.

Casualty Department and Oral Surgery
Registrars/Demonstrators to attend on 6 or 3 sessions per week.

Dental Radiology
Registrars/Demonstrators to attend on 6, 5 or 3 sessions per week.

Dental Officer to treat In-Patients
One Dental Officer to attend on 6 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **24th April, 1970.**

GUY'S HOSPITAL
HOUSE APPOINTMENTS
1st June, 1970

Applications are invited for the following house appointments due to begin on 1st June, 1970. Forms of application are obtainable from and should be returned to Mrs. Webster, Administrative Assistant for Medical Staffing, *not later than* ***24th April, 1970.***

The following house appointments will be *for six months* and *normally* will be open only to pre-registration candidates applying for their first appointment and not to candidates seeking their second six months' appointment:—

House Physicians 4
House Surgeons 3
Throat and Ear House Surgeon 1
Orthopaedic House Surgeon 1

The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appointment at Guy's:—

House Physician 1
House Surgeon 1

The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appointment at Guy's or elsewhere:—

Children's House Physician 1
Genito-Urinary House Surgeon
(or post-registration) 1
House Surgeon to the Thoracic Unit .. 1

The following post-registration and S.H.O. *appointments will be for six months:—*

Resident Obstetrician
(post-registration) 1

Resident Dermatological House Physician
(post-registration) 1
Casualty Officer (*S.H.O.*) 1
Resident Anaesthetists (*S.H.O.*) 2
Senior House Officer to Nuffield House
(S.H.O.) 1

EVELINA HOSPITAL

Children's House Physicians (post-registration) 2
1 to commence 1st June, 1970.
1 to commence 1st August, 1970.

ST. OLAVE'S HOSPITAL

House Physician (pre-registration) 1
(preference given to second six months candidate)
House Surgeon (pre-registration) 1
(preference given to second six months candidate)
Senior House Surgeon (S.H.O.) 1

NEW CROSS HOSPITAL

House Physician in General Medicine and Geriatrics (pre-registration) 1
(preference given to second six months candidate)
Orthopaedic House Surgeon (S.H.O.) .. 1
Orthopaedic House Surgeon (pre-registration) 1
(preference given to second six months candidate)
S.H.O. to the Rehabilitation Unit 1
To commence 1st July, 1970.

OUTER HOSPITALS

Preference will be given to second six months candidates for the following posts, but first six months candidates may apply:—

LEWISHAM HOSPITAL

House Physician to Dr. Price
(pre-registration) 1

House Physician to Dr. Roberts
(pre-registration) 1
To commence 19th June, 1970, locum from 3rd June.

House Surgeon to Mr. Ivo Smith
(pre-registration) 1

House Surgeon to Mr. Lynn Evans
(pre-registration) 1
Locum from 15th May, 1970.

MILLER GENERAL HOSPITAL

House Physician in General Medicine and other specialities (pre-registration) .. 1

House Surgeon to Mr. Candy and Mr. Eldin
(pre-registration) 1

House Surgeon to Mr. O'Flynn and Mr. Fyfe
(pre-registration) 1

ORPINGTON HOSPITAL

House Surgeon with Orthopaedics
(pre-registration) 1
Locum from 13th May, 1970.

House Surgeon with Physical Medicine
(pre-registration) 1

House Surgeon with E.N.T. Surgery
(pre-registration) 1
Locum from 13th May, 1970.

PEMBURY HOSPITAL

House Surgeon
(pre-registration) 1
House Physician
(pre-registration) 1

ST. JOHN'S HOSPITAL, LEWISHAM

House Physician in General Medicine
(pre-registration) 1

ST. NICHOLAS' HOSPITAL, PLUMSTEAD

House Physician to Dr. Scott
(pre-registration) 1

ST. HELEN'S HOSPITAL, HASTINGS

House Physician in General Medicine and Geriatrics to Dr. R. Irvine.
(pre-registration) 1

P. J. HELLIWELL,
Superintendent.

April, 1970.

PASS LIST

GUY'S HOSPITAL,
LONDON, S.E.1.

The following Nurses have passed the Final State Examination held in February, 1970:—

Benjamin, M. J.
Benton, J. E.
Bould, A. L.
Brewster, M.
Briggs, J. M. M.
Cadoret, K. A. M.
Chopin-John, A. C.
Clarke, A. P.
Dixon, C.
Dorabjee, D.
East, J.
Ehren, C.
Fletcher, J. M.
Fletcher, K. M.
Gledsdale, S. M.
Gough, L. M. A.
Halsey, S. A.
Hedley, J. M.
Herbert, M.
Hill, P. M.
Hodges, G. M.
Hooper, M.
Hope, A. L.
Hunt, S. M.
Jones, J. A.
Kennard, S. P.
Knowles, J. P.
Langley, E.
Laurence, P. M.
Lewis, H. G.
Lewis, M. M.
May, S. V. R.
Mitchell, A.
Molloy, J. W.
Moore, P. J.
Morgan, B.
Morris, J. E. S.
Myland, M. M.
O'Shaughnessy, A. P.
Pascoe, A. E.
Ritchie, R. E.
Rundle, S. P.
Sampson, G.
Scott, R. R.
Stableford, A.
Taylor, M. A.
Timms, H. M.
Van Duyn, H. V. J.
Walker, P. A.
Whitting J. M.
Wilks, A. F.
Williams, J. D.
Wiseman, J. E.
Youatt, M.
Cross, B. A.
Dougans, C. J.
Drew, S. P.
Ford, E. J. M.
Head, P. K.
O'Brien, J. M.
O'Reilly, E. A. M.
Pearce, A. S.
Savory, C. A.
Smith, J. L.

PERSONAL

FORD CORTINA 1600 ESTATE for sale. 9,000 miles. Contact J. A. Dyde, Thoracic Unit, Guy's Hosptal.

MANITOBA, CANADA—Guy's man requires *assistant with view in general practice* based on 16-bed, well-equipped hospital. Salary $1400.00 month. For further details apply Dr. J. A. Jemson, Box 9, Glenboro, Manitoba, Canada.

MANCHESTER—Guy's man requires Partner. Start 1st October 1970. Early parity worth £5,500 per annum. No night or weekend work. Secretary. Accommodation available. Box No. 2/4.

CHANGES OF ADDRESS

Mr. David C. Foulds, Appt. 1007, 1160 Broughton Street, Vancouver 5, B. C., Canada.

Dr. E. H. Harley, 73 Beddlington Gardens, Carshalton, Surrey.

BIRTH

ALBERT—On 24th March, to Ann (née Wiseman) and Raymond Albert, a son, Peter, *brother for twins Kathryn and Elisabeth.*

DEATHS

LEYSHON—On 18th February, 1970, suddenly *at his home, John Leyshon,* M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., at the age of 34.

LINDSAY—On 11th March, 1970, Gordon Parmiter Lindsay, M.C., M.B., B.S. London, of Thaxted, Kenley, Surrey.

VANSCOLINA—On 22nd March, 1970, Alan Bertram Vanscolina, M.R.C.S., L.R.C.P. aged 55 years.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy *may be sent to us c/o* The Front Lodge, *Guy's* Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

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GUY'S HOSPITAL GAZETTE

EDITORS — R. S. TROMPETER and S. M. KILPATRICK
SPORTS CORRESPONDENT — T. W. HIGENBOTTAM
NURSING CORRESPONDENT — Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2133

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Endeavour

The *Gazette* would like to add a belated tribute to the courage shown by the three astronauts during their eventful journey to the moon and back. Space voyages are almost accepted as routine events and it takes a mishap like this to demonstrate that the most advanced and sophisticated technology ultimately depends on the use made of it by man. While man exists the urge to explore his environment will prevail over the inherent dangers.

Let us hope that unlike other scientific projects this will remain intended for peaceful uses and that the vast sums devoted to the space programme continue to be used for purposes of exploration rather than domination.

Home Truths

The controversy arising from the decision of the M.C.C. to invite a South African cricket team to tour England this summer is of such magnitude that it approaches hysteria. Therefore it is pertinent to examine the underlying issues more fully.

Any régime which denies full civil rights to a group of people under its power is to be condemned, and on this basis South Africa is guilty. But other countries are just as guilty : Russia, which is celebrating the centenary of Lenin's birth, has merely exchanged one totalitarian form of government for another; and Greece, the cradle of Democracy, is hardly today a sanctuary of personal liberty. Why, then, is South Africa the sole target for odium?

The reason is that Colour is the most "fashionable" of today's problems. It is easy for us to pontificate on this when we have no significant colour problem ourselves. But instead of being hypercritical of other's misdeeds, it may be worthwhile to look and see whether we are entirely free from blame in such matters.

Some years ago we took advantage of cheap Asian labour to help run our East African colonies. These colonies are now independent and wish to be rid of the descendants of the Asians. These people are British citizens and many of them wish to come to live here. They are English speaking, and could easily be accommodated here, perhaps instead of immigrants from India, who have no knowledge of English language or customs. Yet our Government does not want to know them: they have been quietly forgotten and no one worries about them. They exist jobless and with no prospects.

If we made some attempt to remedy this problem instead of ignoring it we would be able to show by example rather than by exhortation that we believe in equality of races.

Medical History Prize

Details are announced in this *Gazette* of a Medical History Prize inaugurated by the Schools of Guy's and St. Thomas's.

A prize will be awarded for the best exhibit on a chosen topic of Medical History: the successful exhibit will be displayed in the Operating Theatre of old St. Thomas's Hospital, in the roof of the Chapter House in St. Thomas Street. The intention is to encourage interest in History of Medicine, and in particular in the history of what were formerly the United Borough Hospitals.

Guy's Hospital Directory

Copies of the new 1969 edition are still available from the Medical School at a price of 30s., including postage.

GUY'S DIARY

APRIL			
27	M	1.00	Dental Clinical Lecture. Prof. MACDONALD. "Oedema."
28	Tu	1.00	Clinical Lecture. Dr. GRAHAME. "Gout and Pseudo-Gout."
30	Th	1.00	Clinical Lecture. Dr. HALL.
MAY			
1	F	1.00	Clinical Lecture. Mr. COOK.
		2.15	Combined Round in Pre-Clinical Classroom. Speaker—Dr. D. HUNTER. Chairman—Dr. M. LESSOF.
8	F	1.00	Clinical Lecture. Mr. SCHURR. "Subdural Haematomas and Effusions in Infancy."
		2.15	Combined Round in Pre-Clinical Classroom. Speaker—Professor J. R. TROUNCE. Chairman—Professor J. N. HUNT.

THE CONCEPT OF PSEUDOSEX

by

Claire Russell

Paper read at International Ethology Conference at Rennes, Britanny, 6th September, 1969

When the French naturalist Buffon published his account of monkeys in 1766, *he referred to a baboon he had seen, which was "insolently lascivious, and satisfied its strong desires in public. It seemed to make a parade of its nakedness, presenting its posterior oftener to the spectators than its head".*

The activity of presenting the rear, shown by this terrified animal, is now known to be an example of a pseudosexual display. The concept of pseudosex was introduced independently in the 1950's by A. H. Maslow and myself. We both had in mind two kinds of evidence, observations on human fantasies and behaviour, and observations on monkeys and apes. It was clear in both man and monkeys that many practices hitherto called sexual are permeated with elements of flight, attack, dominance and submission. Studies on animal courtship, by Tinbergen, Baerends and others, had shown that true sexual activity can only occur when all vestiges of attack and flight tendences have been dissipated. By this time, too, Tinbergen and others had shown that many social signal movements in animals are derived from displacement activities, that is, activities performed out of context in an inappropriate mood and environment, as a result of a conflict between two or more incompatible urges. Pseudosexual activities are a special case of this. They are units of behaviour taken from the repertoire of courtship and mating, used separately in other contexts. They have been found in a variety of mammals, such as rats, wolves, hyraxes and giraffes, and Wickler has observed cases even in fishes. In this brief outline, I shall confine myself to the pseudosexual displays of old world monkeys and man. In the monkeys, these displays are of two separate kinds : communal, practised within a band, and intercommunal, practised between bands.

The communal displays are acts of **presenting** the hindquarters to another monkey, or **mounting** another monkey. Reynolds and Wickler have shown in reviews that these acts occur outside the true sexual context in a large number of monkey species. The simplest situation is that of presenting by a subordinate monkey who is forced by circumstances or his own appeties to approach or remain near a superior. It seems to stem initially from a conflict involving resentment and fear. It has acquired effectiveness as a social signal, since the superior will often not attack the intruding subordinate who presents, though he would otherwise punish a near approach made without his invitation. Sometimes the superior ignores the presenting animal, sometimes he mounts him. The act of mounting may itself have begun as a displacement activity in this situation, through some kind of conflict associated with the suppressed urge to attack the intruder. The pseudosexual acts of presenting and mounting often look extraordinarily like the corresponding acts of true mating. But both acts may be performed as pseudosexual displays by either sex to either sex, whereas in mating the female presents and the male mounts. The cultural peculiarities of a colony of rhesus monkeys at Whipsnade have made it ethologically certain that pseudosexual displays, like all displacement activities, do indeed differ from the sexual acts themselves. In this colony, which Vernon Reynolds observed in 1960, the females never presented during true mating; instead the male would initiate mating by prodding or lifting the female's rump. Hence all the presenting that occurred, whether by males or females, was pseudosexual, and always associated with a situation of tense inequality. In this colony also, in true sexual mounting the male grasped the hocks of his partner with his hind-legs, being, so to speak, swept off his feet; while a male or female engaged in pseudosexual mounting kept his or her feet on the ground.

Pseudosexual mounting and presenting always occur in situations of enforced proximity or contact between individuals of sharply unequal rank, without opportunity for establishing individual familiarity and consent by more relaxed ceremonies. These displays may well serve to avert quarrels over unwanted jostling during emergencies, when there is no time for more leisurely greetings. In a beautiful film made by Adriaan Kortlandt and Hans van Zon, in which chimpanzees were attacking a stuffed leopard, I noticed there was a great deal of mounting of one chimp by another. During the wild excitement and rushing about, frequent trespass on individual space was likely to occur in this situation, without room or time for displaying the niceties of chimp good manners. The pseudosexual activity could here serve to avert any resulting tension and to provide a promiscuous kind of solidarity within the group.

In their present ritualised forms, presenting and mounting are not exclusively linked to subordinate and superior rank respectively. Vernon Reynolds has shown how, in rhesus monkeys, a superior may express his dominance either by forcing grooming on another monkey, or forcing another monkey to groom him. Similarly, a dominant individual may either mount or present. Rhesus monkeys, observed by Reynolds at Whipsnade and Chance at Regent's Park, provided examples of either behaviour. The dictator at Regent's Park, for instance, sometimes presented to other males and sometimes mounted them; in either case his rank was clear from his assured movements, compared with their tense and jerky ones. Among Bonnet monkeys, observed in southern India by Paul Simonds, superiors mounted subordinates 23 times, and subordinates mounted superiors 11 times. Sometimes the superiors presented, sometimes they backed into subordinates and reached back to grab them.

When monkeys are crowded in zoo enclosures in other ways, communal pseudosexual displays become extremely frequent, since rank is sharpened in these conditions and individuals are repeatedly liable to trespass on each other's space. When two individuals are engaged in pseudosex, they appear readily to redirect the resentment, which each feels at the intrusion, against third parties. At Regent's Park, rhesus monkeys engaged in pseudosex might both threaten any other monkey in the neighbourhood. In a rhesus colony at Bristol Zoo, observed in 1968 by Hilary and Martin Waterhouse, when a quarrel occurred in one part of the enclosure, other monkeys engaged in pseudosex with each other while threatening in the direction of the quarrelling animals. As Hans Kummer first showed in hamadryas baboons at Zürich, a subordinate monkey seeking to attack another may do so with impunity if she (or, in other species, he) first presents to a high-ranking individual. This superior may even be drawn into the quarrel. In a detailed study of 118 quarrels described by Reynolds in the Whipsnade rhesus colony, Bill Russell and I found evidence that pseudosexual activities, under the continued crowding of zoo conditions, actually spread and amplify quarrels. In natural conditions, this disruptive effect could have a useful function, facilitating the split that normally takes place when a band becomes too large by natural increase; in the zoo, of course, only further violence can result.

These communal displays have been observed by many people. A more recent discovery, made by Wolfgang Wickler, is of a quite different display, which I shall call intercommunal. In a number of monkey species in Africa and Asia (olive baboons, grivets, proboscis monkeys), males can be seen sitting on the edge of their band, facing away from it, often on a raised place, keeping a watch outwards. In olive baboons, it is known the males give immediate warning of the approach of another band of the same species. Wickler noticed that these "sentinels" sit in a special posture, displaying their penises, often conspicuously coloured, in an extended position and often erect. Wickler suggests very plausibly that this sort of "warning" to potential trespassers of the same species is a kind of visual marking of the edge of the area currently occupied by the band, an alternative to olfactory marking by urination in less visual species. He has shown that in some New World monkey species the females have structures resembling penises, which may possibly be used for a similar function. As Tinbergen and others have shown in the case of individual territories, the edge of a territory area is just the place for conflicts between resentment and fear, finely balanced, issuing in displacement activities ritualised into threat signals. So this second kind of pseudosexual activity in monkeys may well have originated in a comparable way to the first.

Now in monkeys the two displays, communal and intercommunal, are kept strictly separate. In communal pseudosexual mounting the penis is not prominently displayed and is normally not erect. One male rhesus at Whipsnade was seen to develop an erection in the course of pseudosexual mounting, but as soon as it occurred he "finished the mount without making any attempt to penetrate". C. S. Ford and Frank

Beach, in a thorough survey of so-called "homosexual" behaviour in mammals, that is, pseudosexual mounting of males by males, found only two reports of anal penetration, both in monkeys and both old and doubtful and never confirmed for monkeys or any other mammal by the numerous scientists who have observed such behaviour since then.

In man, there is no such strict separation of the two kinds of display. This appears at once from the occurence of anal penetration, which is moderately frequent in many tribal societies and enforced on all males in some tribes, such as the Siwa in N. Africa and the Keraki in New Guinea. In man the intercommunal erect penis display and the communal mounting activity can evidently coalesce. Since the agricultural revolution, there have been individual, family, community and larger group territories and affiliations, often changing in a bewildering way, and changing quite radically again at the industrial revolution. In human pseudosex the equivalent of mounting may be combined with full erection in complete pseudosexual intercourse, which when heterosexual may be fertile, as it is never observed to be in monkeys. In the development of the individual, tensions and stresses imposed in childhood may generate masturbatory symptoms, which are born of and perpetuate a sense of social isolation, as if all other individuals are to (be avoided as strangers; stress and tension in adolescence generate ranking pseudosexual activities of the communal kind associated with promiscuous proximity and contact; both kinds may be hopelessly confused and combined into new pathological formations in man under the stresses of human societies. When a man and woman are plainly and explicitly members of two different human groups, the intercommunal territorial component is sometimes very clearly shown, along with a lack of real emotional response. The Spanish princess Catherine of Aragon married Prince Arthur of England; when the prince died, in order to keep her large dowry in England, the prince's brother married her in his turn, shortly after his accession to the throne as Henry VIII. Twenty years later, he divorced Catherine on the pretext that his marriage to her was incestuous. To prove this, it was necessary to show that Arthur had consummated the previous marriage, at the age of about 15. Sir Anthony Willoughby gave evidence that the prince had remarked, on the morning after his wedding night, "Willoughby, bring me a cup of ale, for I have tonight been in the midst of Spain".

Under crowding stress, as has happened in the recurrent population crises of human societies, a human community tends more and more to split into separate groups, separately identified by their different communal cultures and hence different masturbation fantasies and communal pseudosexual patterns. As this happens, there tends to be increasing disapproval of full pseudosexual—or of course sexual—relations between the different groups. This causes great misery for people from different groups who have genuine sexual relations. Finally, as increased crowding tension releases more and more aggression, violence develops and, by means of the pseudosexual dividing lines, it is polarised into so-called "race riots" between groups with different cultures. Rapid increases in total population density can be correlated with the sudden appearance of tension between cultural groups, previously at peace with each other, in many parts of the world, for instance in Ceylon, Guiana and the London district of Notting Hill. A better understanding of human pseudosex may help us, in the long run, to dispel the misunderstandings between cultural groups that make such outbursts take the form they do. But in the long run only the removal of the stresses of population pressure can relieve the divisive and disruptive effects of the elaborate complex formations of pseudosex in human families and communities.

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RADIO GUY'S
THE FIRST FEW MONTHS
by
P. L. Houslop

It is some thirteen months now since the first, rather cautious, test transmissions heralded the arrival of Radio Guy's upon the British broadcasting scene. I use the word broadcast in its widest sense of course, since programmes are fed into the hospital amplification system and from there to the patients' bedside headsets. Now, two hundred and fifty hours of broadcasting and thirteen hundred requests later, the G.P.O. have not found it necessary to rush in and seize our equipment nor have the B.B.C. shown any signs of green-eyed jealousy as a result or our efforts.

The idea of hospital broadcasting is not a new one, it originated some years ago when groups of amateur tape recordists were seeking new horizons for an outlet for their creative instincts. The result was to bias their work towards hospitals and organisations helping the blind and the old, thereby making the most of a fascinating hobby and fulfilling a useful purpose at the same time. Many hospitals or groups of hospitals throughout the British Isles now have their own radio stations, assiduously run by avid enthusiasts, and with listening audiences ranging from fifty or so to well over four thousand. They cover quite large areas too by means of G.P.O. land lines between each hospital. The aim of most of them is of course to supplement B.B.C. programmes with local documentaries or simply to provide patients with programmes of music which can be requested for them by relatives or other patients. Radio Guy's falls into the latter category, not because any particular policy bars it from the former, but simply through lack of resources both in time and money.

The network at Guy's is run by ten people, although a great deal is done by way of advertising and so forth by the other members of the thriving voluntary service organisation, without whose help the service would probably collapse altogether. Advertising the existence of Radio Guy's is obviously a very important factor in whether or not it survives. With the rapid turnover of patients, coupled with the fact that the community spirit found in local hospitals serving small areas is not as strong in large teaching hospitals which draw patients from far wider areas, advertising is a continuous process, a reputation cannot be established with the listening audience, they are not listening for long enough. No sooner have one group of patients learned of the existence of an internal broadcasting service than they have been discharged and the whole process must start again. The ideal situation is for request forms and literature to be thrust into the hands of visitors as they congregate outside the wards at visiting time and to rely upon a proportion of the forms being completed and returned to us. This approach is seldom possible because of the lack of vast armies of people necessary to do the distributing. We must therefore rely upon the patient or visitor asking for a request form and the nursing staff to make it known that they are available.

There are many areas in which improvements could be made if sufficient interest and support could be maintained. Producing programmes or operating equipment in the studio are at present things done by our small group and therefore limit the time we have available. With more people there would be more time.

Practical help can come from the most unlikely places and for the most extraordinary reasons. Radio Guy's was approached, some time ago, by a young lady from the B.B.C. wishing to gain experience in live microphone technique, prior to applying for audition with the corporation for an announcing job on the British Forces overseas network. We were pleased to offer assistance, but before she was due to produce her first programme, the young lady in question was appointed to the British Forces Overseas Network of the B.B.C. and can now be heard on certain "link ups" in family favourites on a Sunday morning.

We are at present in the process of planning an extension of the service to St. Olave's Hospital by means of a G.P.O. land line, which will enable programmes broadcast at Guy's to be heard at St. Olave's, and we anticipate quite a large increase in the number of requests coming in. The extension will put us in the category of one of the larger hospital broadcasting organisations, as far as potential listeners are concerned, but we shall still be one of the smallest from the production point of view. An organisation in the north of England, producing programmes for ten hospitals, over three thousand patients, has thirty voluntary helpers doing programmes, operating equipment and handling mail. They have just finished work building a soundproofed studio and control room in one of the hospitals, and they cope with an average three hundred requests a week. Documentary programmes, produced by the network, once broadcast to the hospitals, are snapped up by one of the B.B.C. local radio stations in the area, and commentaries of local football matches are a regular feature of their activities. Details of the programmes they transmit are printed in the local papers and support is considerable from some of the big names in show business, who give interviews free and add quite a bit to the life of the station. This is hospital broadcasting at its best, covering all the things that the national stations are unable to cover, and offering the patients of the hospitals concerned a really worthwhile alternative to other forms of entertainment.

It is our hope, in producing Radio Guy's, we too may develop just such a service. Internal broadcasting is a means of communication second to none, and with the right kind of help, particularly with advertising, I am sure that we can build up a service with the scope and variety of the one I have just described. The first few months of Radio Guy's have proved reasonably successful, and I am confident that the next year will see improvements in many directions and should establish the station as a part of the life of the hospital, albeit the night life, as far as the patients are concerned.

Paul Houslop, Chairman, South London Tape Recording Club.

NURSING SECTION

Nurses' Uniform

The Nurse's uniform has, for some considerable length of time now, been the way in which the Profession segregates itself from the remainder of the community, and by which each hospital defines its own members.

What is the purpose of a uniform? It is firstly, supposed to be a method of ensuring that the nurse is wearing clothes which are as clean and practical as possible when tending her patients. Secondly, it is regarded by many who wear it as an outward and visible shield, without whose protection they could not administer their duty.

There are, however, one or two large snags about the wearing of uniforms in hospital today.

As the nurse training schools in this country developed, they each evolved a form of dress peculiar to themselves. Since there were not at the time a great variety of dress styles, the main differences between hospitals were the colours used, and the pattern of headgear. The one universal fact appeared to be the necessity for ward sisters to wear blue!

In order to distinguish at a glance between nurses in various stages of training, an almost military system of stripes and belts was invented. The net result of all this to the uninitiated, being a state of Confusion worse Confounded !

As well as all this, most hospitals have made no radical alterations to their uniforms since Florence returned from the Crimea. Their only concession to modernity being to raise the hemlines some inches from the ground. The majority of nurses therefore, are still suffering in starched collars and cuffs. In addition, each rise in seniority brings with it an even more stifling lengthening of the sleeves. Gone now are the days when to view the arms was unseemly. The ward sister nowadays knows that the only way to teach her nurses is to roll up her sleeves and work with them. Long sleeves and stiff cuffs are not exactly conducive to this. One interesting fact has, however, emerged. The manufacturers have seen the commercial aspects, by producing nylon "frilly" cuffs to wear over rolled sleeves. It must be financially rewarding, unless we have in our midst that very rare species, the philanthropic industrialist !

In recent years the powers that be have occupied themselves by attempting to evolve a national uniform. Their original efforts produced such an outcry that a return to the drawing board was ordered.

Whilst we are all aware that as mankind strives to reproduce Huxley's Brave New World all hints of individuality must be eliminated, do we have to look like inmates of Holloway? Surely it is possible to design something suitable.

The uniform should be first and foremost practical. Secondly, it should be easily laundered. Nurses should not have only three dresses but should change daily. Thirdly, it should be reasonably attractive and designed in a style suitable to all manner and kinds of vital statistics !

With all the man-made fibres at their disposal, something incorporating all these characteristics should be feasible.

If a national uniform is eventually insisted upon, then surely the hospitals should be permitted to retain their identity with their caps. In so doing, individuality would be preserved, and at the same time nurses would go into the wards in hygienic attire. This last fact, after all, is one of the basic teachings of nursing, is it not?

NOTICES

GUY'S/ST. THOMAS'S MEDICAL HISTORY PRIZE

A prize for Medical History has been inaugurated by the Schools of Guy's and St. Thomas's and a short explanation of this and of its background would seem acceptable.

The two hospitals act as partners together with the Chapter of Southwark Cathedral in the administration of the operating theatre of old St. Thomas's Hospital, which has been restored in the roof space of the Chapter House and which has been open to visitors for nearly six years. The roof space in which this operating theatre was built by the Governors of St. Thomas's Hospital in 1821 also served as a herb drying room; there is mention of the drying room being in existence as far back as the early part of the 17th century. By the beginning of the 19th century the rise of the pharmaceutical firms was making it less necessary for hospitals to prepare their own herbs and drugs. With the assistance of the Wellcome Historical Museum the old Herb Drying Room is being restored as a museum of the story of drug preparation.

The intention of the two medical schools is to encourage and foster interest in medical history and to this end an annual prize of £20 is offered for the best exhibit on a chosen subject. The first subject is to be "Surgery at Guy's and St. Thomas's a hundred years ago."

It is felt that this should be in the form of an exhibit which could be displayed within the roof space of the Chapter House and would thus provide a feature of additional interest to those visiting the old theatre and museum. The exhibition would be on display for say three months; a "proxime accessit" exhibition might also be displayed. A bay in the roof space is to be set aside for the exhibition and this will provide two display boards, one 7ft. by 2ft. 9ins. and one 6ft. by 2ft. 9ins. and a table 6ft. by 3ft.

Any associated textual material might well be published in the hospital Gazettes or Reports.

The prize would be open to undergraduates and to junior hospital staff from Guy's and St. Thomas's. The closing date for entry is to be 1st January, 1971.

It is hoped that this contest will arouse interest in the history of medicine and in the history of the two hospitals.

BIENNIAL DINNER 1970

PRELIMINARY NOTICE

The next Biennial Dinner will be held in the Connaught Rooms, Great Queen Street, Kingsway, W.C.2, on Friday, 2nd October, 1970. Mr. G. F. Gibberd has kindly agreed to act as Chairman.

All qualified Guy's men and women, medical and dental, are invited to attend, so please make a note of the dates.

A Clinical Meeting of general medical and surgical interest is being arranged on the afternoon of that day.

Further details will be made known by circular and in the "Gazette" in July.

Noel Glover, Hon. Secretary.

EASTER CONCERT

Guy's Hospital Chapel, Thursday, 30th April, 5.30 p.m.

A mass of entertainment, packed tightly into a mere hour so that you will become neither bored nor uncomfortable.

Vocal acrobatics from the choir (or pyrotechnics if you prefer) with a number of short pieces to suit any taste. Two pairs of folk singers singing solos and a soprano singing folk duets add to the confusion, while instrumental music is provided by four pianists and an organist, separately and in combination.

Why "Easter"? Come and listen.

Admission FREE. Silver collection to be divided between expenses and the Chapel Organ Fund.

THE RESIDENTS BALL

will this year be held at

THE LONDON HILTON HOTEL
Park Lane, W.1.

On Saturday, 16th May, 1970

from 8.0 p.m. until 2.0 a.m.

Tickets (price £6 per double ticket) and table reservations, each for five couples, are available from :

J. B. Kelynack, East Wing, Guy's Hospital.
Clare Foote, Physiotherapy Department.
Tony Sutherland, East Wing, Guy's Hospital.

ALL WELCOME.

CORRESPONDENCE

Mr. Wass

SIR,—I read of the recent death of S. H. Wass with great sadness. The transition from pre-medical to clinical studies was a big step in 1943, involving as it did a move from Pembury to London Bridge, and one's first clinical teacher inevitably made an impression. It was my privilege to have Sam Wass as a teacher at this time, and his skill and kindness will always be remembered by me as by patients and staff of the hospital he served so well.

Yours faithfully,

Dr. D. F. V. BRUNSDON.

1118, Springhill Drive,
Lorne Park, Port Credit, Ont.

Theatre Club

SIR,—I am writing to let your readers know about the Theatre Club's summer production. This will be "The Unknown Soldier and his Wife" by Peter Ustinov, a play which offers infinite scope for new ideas both on and off the stage. It will be produced by Roderick Hay and directed by Gordon Jackson.

Many will be needed as actors, actresses, make-up artists, costume designers, stage-hands, musicians and so forth. Enthusiasm is the main credential and so I hope that no one will be deterred through lack of experience from coming to the auditions on 24th and 28th April.

It should be an exciting summer!

Yours faithfully,

JOHN PEPPER (Hon. Sec.)

Theatre Club,
East Wing,
Guy's Hospital.

Advertising for Nurses

SIR,—I was somewhat surprised to read the opinions expressed by your nursing correspondent on the decision that maximum coverage of the present nursing recruitment campaign would be given in papers such as the *Daily Mirror*, a negative bias being placed on these papers that, suposedly, "top people read".

It seems, to me, obvious that the country's present grave shortage of nurses can be remedied only by increasing the profession's appeal to those girls to whom it has been previously a "closed shop"; I refer to precisely those people whose reading matter is being derided by your correspondents.

If we are ever to hope for a competent and balanced nursing profession the present antipathy of certain large nursing schools to girls who fail to meet their requirements of class, colour or creed must cease.

Yours sincerely,

MARTIN A. MANSELL

East Wing,
Guy's Hospital.

Rags

SIR,—Many years ago, at the age of about 16, I can remember reading an account of a "rag" carried out by Guy's men on the Canterbury Music Hall outside Waterloo Station. The victim was a charlatan called Dr. Bodie. Taking one definition of dirt as "matter in the wrong place", no dirt was thrown about by "sophisticated" students (note Passim), but no doubt there was plenty of noise and the singing of a song: "Anybody here seen Bodie?" in imitation of a current popular song called "Anybody here seen Kelly?" I can remember how thrilled I was by all this, and how I wished I could be a medical student, and at Guy's. However, another 10 years elapsed before I ever set foot in Guy's, and it was not long after before I found myself involved in a procession one evening going along Fleet Street. I had nothing to do with it, I was merely one of the crowd at the tail end. To cut a long story short, the victim in this case was one, "Pussyfoot Johnson", who lost an eye in this display of medical high spirits. That anyone should suffer physical injury as a result of this kind of foolery on the part of people training to heal injuries and so on, was very abhorrent to me, and I vowed never to take any further interest in "rags". A kindly dental student named Edney, with his "rag committees", was the prime mover in these escapades, and it is sad to relate that, many years later, he collapsed and died at Richmond, the scene of some of his greatest successes as a "rag" manufacturer; but he was no "sophisticated" student in the modern sense (Passim 11.4.'70). He had short hair, and was very clean. If he were alive today, I am sure that Dr. Vertue would here point out that the Greek word "sophos" means "wise".

Yours faithfully,

G. L. DAVIES.

Oakfield,
Hay-on-Wye, Hereford.

SIR,—How much many of us will agree with James Popplewell (he and I played in the '26-'27 Hospital XV).

In our day there was a "Rag" Committee, headed by the Brothers Edney, who ruled it with a rod of iron. One could not join in the organised "Rag" unless you had paid a sub. of £1. This meant that the "Rag" Committee had some £300-£400, with which to pay for our fun. On top of this we seldom collected less than £1,000 on the day for the Hospital.

Whilst I deplore the disgraceful behaviour of these few hooligans, there's no need to do away with all the fun we had in my day.

Let the "Rags" be organised as they were 40 years ago. These young fellows think they are putting on the devil of a show. They don't know half of what we got up to, without being offensive or bringing the good name of the Hospital into disrepute.

High spirits are one thing, but ill-mannered, ill-bred and ill-disciplined antics of these young hooligans are not to be condoned.

I trust we shall not be shamed with any further exhibitions.

Yours sincerely,

FREDERICK WILKINSON.

Lt.-Col. F. T. Wilkinson, T.D. (1921-27).
Kilndown House,
Kilndown, Cranbrook, Kent.

Boxing—The Last Word

SIR,—The recent correspondence about boxing is not, of course, new. This spate of "anti" comes in cycles. Recently, my club had a show, and the boxing correspondent of the *Manchester Evening News* very kindly wrote a short article for us.

In it he states: "The emphasis is on science and physical fitness, and club trainers are expected to become qualified coaches".

If I may be so bold as to quote from my own article in the same programme: "Boys will always want to use their fists, surely it is better that their energies be channelled into a controlled sport than become those "tough guys" who travel in groups looking for a single innocent person to demonstrate their "manhood" on? If nothing else, boxing teaches one to curb one's temper".

On my coaches course, the medical aspect of the sport was given by the Medical Officer of the A.S.A., so he had no axe to grind.

Indeed, he informed us that on his frequent visits to the paraplegic centre in the South, he had yet to see a boxer, but the high divers of his sport were frequent casualties; yet no one suggests that high diving be banned.

The accident figures for amateur boxing prove that it is indeed a highly controlled sport.

I know from my own experience as a coach that some of the long-haired, unwashed louts who unfortunately get far more publicity than their pot smoking, animal cohabitation instincts warrant come to my gymnasium sessions once, then disappear rapidly.

Male species they may be; men, never. At the recent Divisional Junior A.B.A. championships, the Chief Constable of the area said that in his experience, boys who took up boxing were not inclined to join those packs who attacked policemen.

It is my own experience that a boxer is a decent fellow, quiet, well-mannered, and will do all he can not to become involved in a brawl. After all, he knows he can prove his manhood in the ring.

Yours faithfully,

L. B. LUX,

Ex-Guy's Hospital A.B.C. Qualified A.B.A. Coach to Sale Youth, A.B.C.
187, Hale Road,
Hale, Cheshire.

SPRING

The south tear-salted wind weeps warmly,
Primly kissing winter's ravaged earth.
Hustling grey, fat bellied clouds
Wantonly caress the cold and silent downs.

The ice white sun blushes to ochre tint,
Whilst staring stone softens in feigned embarrassment.
Uncaring, naked trees gaze at their rooted feet,
Dried grasses sway upon their itching roots.

The clearing river baits the brine bitter tide,
Its pompous flood submits to pouring weary dykes.
Restless swans preen uprising memory,
The profound sleep of insects is undisturbed.

Beneath a sap drunken unpruned tree,
A mini-petalled saffron crocus
In shameless loneliness defies the lazy earth,
Uplifted leaves and flower appealing to the spring.

P. B. Morris.

SPORT

HOCKEY

U.H. CUP FINAL REPLAY

GUY'S vs. ST. THOMAS'S

Result 1—1.

Three days after the goal-less final, the teams met for the re-play on the superb pitch at Cobham.

Both sides started over-eagerly, and this resulted in an early period of slightly scrappy play with rushed passes from both sets of forwards, but this soon rectified itself and the game became as close as it had been a few days before. The defences at both ends were the rulers, and neither set of forwards succeeded in making a clear chance for themselves. There was no score at half-time.

After five minutes of the second half, the first hole in a defence was exploited. A move involving Fell, Cripps and Clark ended with Burns dribbling round the goalkeeper to give Guy's an invaluable lead. Thomas's at once began to pile on pressure and the Guy's defence came under severe stress. Clarke in goal had to work very hard and made some skilful saves as Guy's hung on to their lead. However, something had to give, and within ten minutes of the end, Thomas's finally put in the equaliser which had threatened for so long. The spark seemed to leave the Guy's forwards now, and the remainder of the match, including extra time, was primarily a fight for survival by Guy's, with the defence working overtime to keep on terms. They made it, and now the cup is shared—a fact which left most of the players rather frustrated at the end. Particularly creditable performances were given by Clarke in goal and Goodhart at half-back.

Obviously the two sides were evenly matched, Thomas's having the better individuals, Guy's the better team-work, and had there been a result, no doubt someone would have said, "It's a pity there has to be a loser".

WATER POLO

On 3rd March, by defeating St. Mary's 3—2, Guy's became certain champions of the London University league.

Having emerged from the second division only last year, then triumphing over colleges as big as I.C., U.C. and Q.M.C., complete with sprinklings of internationals and own training facilities, then that surely is quite something. It is in fact the greatest achievement the hospital side can attain. The league is one which tolerates no relapses, and Guy's won simply by a refusal to be beaten. The final game of this league concluded twenty league games this season with only one defeat.

It is said that only the Welsh can mix sex with rugby, but our very English ex-captain mixed it with water polo enough to propose on 3rd March.

Meanwhile, on 17th February, Guy's won the 1969 United Hospitals league by beating St. George's in a U.L. league match. It had been agreed that this match would count as the replay of the U.H. league game which ended with a disputed score, and so this league, which had produced so much drama and excitement and cost one player an eye, had at last been settled.

The second team, playing in the U.L. third division, found goals hard to come by, but made up for that by the quality and spectacle of those which did go in.

Guy's I : Adkins, Bevis, Challacombe, Howard, Howell, Jones, Northcott, Wright.

Guy's II : Aspin, Atwood, Bowering, Clark, Cottrill, Davidson, Forbes, Lovell, O'Keefe, Sands, Skinner.

WATER POLO RESULTS

Jan. 13th v. Q.M.C. Won 6—4.
Jan. 15th v. U.C. Won 10—5.
Jan. 20th v. George's. Won 7—3.
Jan. 27th v. I.C. Drawn 3—3.
Feb. 12th v. Q.M.C. Drawn 5—5.
Feb. 17th v. George's. Won 6—4.
Feb. 24th v. I.C. Won 7—4.
Feb. 26th v. Mary's. Won 8—2.
Mar. 3rd v. Mary's. Won 3—2.
March 10th v. U.C. Won 10—6.

BOAT CLUB

TIDEWAY HEAD

The last head is also the largest event in the world with some 330 crews, or nearly three thousand people racing against the clock. The first crew, with Denyer back at two, started at 180, and after a sluggish start, went better than for some time on their home water. They finished cleanly at Putney in 120th position in a time of 20 minutes 22.22 seconds.

The second crew rowed gallantly as we have come to expect. With more practice together, they will start getting better results. Thanks must go to Roger Ashman, who has worked so hard to organise the junior crews this term.

The third eight was the renowned gentlemen's eight, which this year fought successfully to regain last place. This was aided by very suitable sedation, which may have spread up the boat from the illustrious cox, Mr. James Mansie. Peter Burton tried to sabotage this great effort by throwing out his pint at the start to lighten the boat. It was empty though.

This term has seen the success of winning the U.L. Juniors' Head. The crew failed to settle down to improve and suffered from a lack of boat work during the heads. The results were vastly better than those of last year, but not as much as was possible.

SAILING CLUB

CASTAWAY'S CUP, 1970

The University of London inter-collegiate team racing championship was held at the Welsh Harp on the 14th and 15th March.

A total of eighteen teams had entered, and Guy's were extremely confident, having shown earlier in the season that their three helm team was effective in all conditions.

Guy's had a difficult first round draw against University College, a team which had just returned from winning the "Bradford Barrel", the Northern Universities' team racing championship.

In the first race an efficient start by the Guy's team enabled them to round the windward mark 1, 2, 3, and in the blustery conditions they were able to hold this until the finish. The start of the second race was somewhat scrappy, and it allowed one of the U.C. boats to slip into first place. However, this did not prevent Guy's from finishing 2, 3, 4, and by winning the match, they moved into the second round.

The next two matches against St. George's Hospital proved to be something of an anti-climax, and winning simply became a matter of avoiding a capsize.

Unfortunately, in the third round, Guy's met their regular obstacle, St. Thomas's Hospital. In the first race it appeared that Thomas's were going to be systematically taken apart, and the first mark saw Guy's apparently 1, 2, 4. However, fate seemed to grip Phil Meakin's tiller, and he found himself bouncing off a Thomas's boat while on port tack. This meant Guy's were 1, 3, and retired. It was not long before the second boat had been methodically shuffled back into last place. The start of the second race resulted in a Thomas's boat gaining first position with Guy's 2, 3, 4. It became apparent that the leading Thomas's boat could not be caught, and the points situation was such that Guy's had to put out one of the opposition boats. The last beat became very tense, but the two Thomas's helms were too experienced to make any mistakes at that stage, and St. Thomas's went through into the semi-final.

Castaway's Cup was eventually won by Imperial College, and St. Thomas's were runners-up.

Team: M. Bye (captain), G. Barker, P. Meakins, P. Wollock, P. Sinclair, A. P. Walker.

G.B.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

JUNIOR STAFF APPOINTMENTS 1970-71

Applications are invited for the following appointments to the Junior Staff of the Guy's Hospital Group, commencing on 1st October, 1970 for the session 1970/71. Forms of application are obtainable from and should be returned to the Superintendent, not later than

15th May, 1970:

Anaesthetics

Senior Registrars	3
Registrars	5

Appointment to these posts may involve duties at St. Olave's and New Cross Hospitals.

Registrar	1

This appointment is under the exchange scheme and will be made jointly with the South East Metropolitan Regional Hospital Board with a two year tenure of the post. Applicants will be required to spend one year in the Brighton and Lewes Group.

Cardiology

Senior Registrar	1

Child Psychiatry

Senior Registrars	2
Registrar	1

Clinical Pathology

Senior Registrar	1
Registrars	3
Registrar	1

This appointment is under the exchange scheme and will be made jointly with the South East Metropolitan Regional Hospital Board with a two year tenure of the post. Applicants will be required to spend one year in the Brighton and Lewes Group.

Junior Registrars (S.H.O. Grade)	4

Two will be at St. Olave's Hospital.

Senior Registrar (Haematology)	1

Dermatology

Registrars	2

Diagnostic Radiology

Senior Registrars	3
Registrars	2

Ear, Nose and Throat Surgery

Registrars	2

Medicine

Senior Registrar	1

This appointment is under the exchange scheme and will be made jointly with the South East Metropolitan Regional Hospital Board with a 4 year tenure of the post. Applicants will be required to spend one year at Lewisham Hospital.

Registrars	2

One appointment for two years in the first instance. One appointment for 1 year. The successful applicants may be required to spend part of their time at hospitals in the group or to work in certain special departments at Guy's.

Junior Registrars (S.H.O. Grade)	7

These appointments will be for two years and will be held in the Guy's Group of Hospitals in the first year. During the second year some of the successful applicants will be seconded to certain hospitals in the South-East Region where they will assume registrar status.

Neurology

Senior Registrar	1

Obstetrics

Senior Registrar	1

This appointment is under the exchange scheme and will be made jointly with the South East Metropolitan Regional Hospital Board with a 4 year tenure of the post. Applicants will be required to spend two years in the Bromley Group.

Registrar	1

Ophthalmology

Senior Registrars (part-time)	2
Registrar (part-time)	1
Junior Registrar (S.H.O. Grade)	1

Orthopaedics

Senior Registrar	1

This appointment is under the exchange scheme and will be made jointly with the South East Metropolitan Regional Hospital Board with a four year tenure of the post. The first year will be spent in the newly opened accident centre at Medway Hospital and applicants will be expected to spend two years in the Region during the four year tenure.

Registrars	2

Appointment to these posts may involve duties at New Cross Hospital.

Orthopaedics and Casualty

Registrar	1

Paediatrics

Senior Registrars	2
Registrar	1

This appointment is under the exchange scheme and will be made jointly with the South East Metropolitan Regional Hospital Board with a two year tenure of the post. Applicants will be required to spend one year in the Brighton and Lewes Group.

Physical Medicine

Registrars	2

These appointments will also involve duties at New Cross and St. Olave's Hospitals on a day-to-day basis.

Psychological Medicine

Registrars	3
Registrar	1

At St. Olave's Hospital.

Radiotherapy

Senior Registrar	1
Registrar	1

Surgery

Senior Registrars	3
Registrars	3
Junior Registrars (S.H.O. Grade)	4

Appointment for one year in the first instance, renewable. Two posts will rotate with the Maudsley Hospital.

Thoracic Surgery	
Senior Registrars	2
Registrar	1
Urology	
Senior Registrar	1
Venereology	
Senior Registrar (part-time)	1

GUY'S HOSPITAL

Applications are invited for the post of **S.H.O.** in Clinical Pathology to the Guy's Group of Hospitals with appointment to commence as soon as possible until 30th September, 1970 in the first instance. Opportunities will be available for promotion to those wishing to make a career in Clinical Pathology. Forms of application are available from and should be returned to the Superintendent, Guy's Hospital, S.E.1 not later than **8th May, 1970.**

GUY'S HOSPITAL MEDICAL SCHOOL JUNIOR STAFF APPOINTMENTS—1970-71

Applications are invited for the following appointments to the Junior Staff of the Medical School, for the session 1970-71, commencing 1st October, 1970. Forms of application are obtainable from, and should be returned to the Dean not later than **15th May, 1970.**

Anatomy	
Junior Lecturers	3
*Junior Lecturer (part-time)	1
Chemical Pathology	
Anderson Demonstrator	1
Medicine	
Poulton Fellowship	1
Surgery	
Lecturers	2
Student Health Service	
*Assistant to the Director (part-time)	1

*Joint Appointment

The Adrian Stokes Memorial Fellowship

The Fellowship is open to qualified Medical Practitioners or Graduates in Science, Pathology or Bacteriology. Applicants must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure at a University, School or Hospital or other institution, subject to the approval of the School Council, except the School in which he has received his medical or scientific education. The Fellowship is of the value of approximately £460.

The Beaney Scholarship for Materia Medica

Candidates for the Scholarship must have received part at least of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of Materia Medica (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying on original investigations in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The Scholarship is of the value of approximately £170 per annum.

The Greville Studentship

The Greville Student, who is required to devote himself to original investigation in connection with the subject of Cancer, holds the appointment for a period of two years, renewable annually for a further period of three years, making five years in all. The Studentship is of the value of approximately £45 per annum.

The Lambrinudi Memorial Scholarship

Candidates for the Scholarship should have completed their preliminary training in Orthopaedic Surgery and have held the post of Orthopaedic Registrar in a Teaching Hospital, and wish to presecute further the study of Orthopaedic Surgery in any of its branches, either by way of post-graduate study or travel or by research work in Orthopaedic Surgery. The value of the Scholarship is approximately £110.

The Sir Alfred Fripp Memorial Fellowship

The Sir Alfred Fripp Fellow is required to promote the advancement of knowledge and research in Psychology, more particularly through the study of children in health and/or in disease. The Fripp Fellow is allowed opportunities for study in the Paediatric Department and the Department of Child Psychiatry and is required to submit with his or her application a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship. The Fellowship may be held jointly with another suitable post in the School or Hospital. The value of the Fellowship is approximately £570 per annum.

PASS LIST

M.R.A.C.P.

R. Graham Bury

UNIVERSITY OF LONDON

M.D.

J. D. Oriel

M.S.

C. E. A. Holden

UNIVERSITY OF CAMBRIDGE

Examination in Pharmacology, March 1970

J. S. N. Anderson

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Primary F.R.C.S.

M. W. M. Bridger
D. T. L. Turner
N. A. Watson

F.F.A.

W. D. A. Foster
I. A. Sutherland
Helen Hale
M. S. Vernon

CHANGES OF ADDRESS

R. Graham Bury, M.B., D.C.H., M.R.A.C.P., The Royal Children's Hospital Parkville, Melbourne, Australia.

Dr. and Mrs. John Gill, 13 Almond Road, Bicester, Oxon.

Dr. William Pryse-Phillips, M.D., M.R.C.P., D.P.M., Dept. of Neurology, Queen's University, Kingston General Hospital, Kingston, Ontario, Canada.

Dr. and Mrs. Robert Scholefield, 6 St. James Road, Hereford.

Dr. and Mrs. R. J. Tate, 8 Frensham House, Claremont Road, Surbiton, Surrey. Tel: 390 1788.

Sqn. Ldr. and Mrs. A. Tredre, R.A.F. Hospital, Wegberg, B.F.P.O. 40.

PERSONAL

EPSOM SURREY—Locum required full or part-time for a period of one year in busy conservative practice. Tel: Epsom 23724.

MANCHESTER—Guy's man requires partner start 1st October, 1970. Early parity worth £5,500 per annum. No night or weekend work. Secretary. Accommodation available. Box 2/4.

RESIDENT NURSE REQUIRED.—Lady, 100, not bedridden or senile. Good conditions. Help. Rouse (M.C.S.P. Guy's) 43 Coulsdon Road, Coulsdon. Tel: Downland 52792.

BIRTHS

HOUGHTON—On 27th March, 1970 at The Royal Berkshire Hospital, Reading, to Verna (née Firth) and David Houghton a son, Paul Richard, brother for Andrew, Nicholas and Joanna.

RICE—To Charles and Mary (née Restell) a daughter, Elizabeth, born 5th March, 1970.

ENGAGEMENT

WOOD—COOPER—The Engagement is announced between John Munro, son of Mr. and Mrs. J. D. Wood of 19 Pembroke Hall, and Elizabeth Anne, daughter of Dr. and Mrs. Dudley Cooper of Enniskillen House, Princes Risborough, Buckinghamshire.

MARRIAGE

MORRIS—BANFIELD—The marriage took place at St. Martin's Church, Epsom on 28th March of Richard Morris, B.D.S., L.D.S., R.C.S. and Miss Penelope Banfield. New Address: White Cottage, Coldharbour, near Dorking, Surrey. Tel: Dorking 6398.

TATE—EVANS—On 28th March at Christ Church, Guildford, Robert James Tate, M.B., B.S., F.D.S. to Ann de Carteret Evans, M.B., B.S.

DEATH

HAMMOND—On 5th April 1970, in Guy's Hospital, John Anthony Jasper Hammond, M.B.B.S. (Lond.) D.Obst.R.C.O.G. of Frenshams, Four Throws, Hawkhurst, Kent.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS R. S. TROMPETER and S. M. KILPATRICK
SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2134

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

A problem of time

"Subject to the over-riding priority of dealing with the immediate needs of patients, hospital junior and intermediate staff should have an assured minimum off-duty time of one afternoon a week, alternate nights (normally from Monday to Thursday) and alternate week-ends (from Friday evening to Monday morning)." Such was the agreement reached by the Department of Health in 1967. Whatever verbiage, "overtime", "extra-time" or "out-of-time" is used, the consideration now is that payment be offered to junior staff for encroachments in off-duty periods.

It is indeed distressing that this premise has become the root for argument. Current correspondence in *The Times* illuminates this problem, and rightly or wrongly the idea of paying the doctor for his exceptional hours has become an alien principle and an affront to professional pride. As the Medical Staff of King's College Hospital stressed, extra money will not make less dangerous that risk, however slight, the patient incurs, if the doctor is on "continuous" duty.

That demand for the doctor to be on call and the number of actual hours worked are part of the professional life of the hospital practitioner and are all too easily used as levers of persuasion in reaching a settlement. The basic problem is always cleverly hidden, by yet another review or report of one or other medical body, namely the shortage of suitable hospital posts. This becomes only too obvious when large groups of the newly qualified seek to climb their first rung of the professional ladder.

To be or not to be

One of the less pleasant sights of the last two weeks has been the picture on the front page of many national dailies of a woman doctor announcing that she gives her baby daughter the occasional "birth pill" to show patients how harmless they are.

While it rests with others to question the ethics of her action, it should be pointed out that such an action could be anything but harmless. In addition, the criterion that a drug must be safe for an adult if it is, theoretically, safe for a child certainly does not apply in this case.

Controversy over the dangers or otherwise of the pill tends to produce heat rather than light, as the above example shows. It was also well demonstrated at a recent "Combined Round" at Guy's, in which one side almost asserted that it was dangerous even to look at the thing, while the other side showed us some wonderful statistics proving that the risk per thousand woman-years (whatever they are) was minimal. None of this is of very much help to anyone who wants an unbiased assessment of the pill and the risks attached to it.

We now have available the evidence from various controlled trials on the pill. These show that even after women at risk are excluded, there is a definite, albeit very small, danger of thrombo-embolic episodes. In a statement issued last week the President of the Royal College of Obstetricians and Gynaecologists recognised this but emphasised that the overall safety and convenience of the pill far out-weighed the dangers. He recognised that the pill was not perfect and would probably be superseded by something better. He also pointed out that the pill has been in widespread use for only ten years, and so there may well be some long-term risks which are not yet apparent. This aspect has not excited public attention but is probably the most important drawback to the pill.

The arguments as to the merits or otherwise of different methods of contraception has obscured the fact that birth control is still regarded as an unclean topic. Various people who disapprove of it have taken active measures to ensure that others are hindered from access to contraception. It is not easily available to those who most need it, whether here or abroad.

Doctors have controlled the death rate but have tended to ignore the consequences. In order that our planet should remain habitable it is essential that we control the birth-rate as well. We have a responsibility to educate people as to the socio-economic importance of population control. When we have done this people will have the knowledge to be able to make their own decisions. Persuasion for or against contraception is wrong and is only practised when ignorance prevents people from full understanding of the problem.

Hair at Guy's

Fair tresses man's Imperial race ensnare,

And beauty draws us with a single hair.

Pope (Rape of the Lock.)

Individual character and personality have long been expressed by the frequent and often frivolous changes in fashion, present in every generation. The individuals' right to choose his mode of dress and personal habit has always been a characteristic of our democratic society. That right to choose is stimulated by the efforts of the fashion houses to give every season a new look, and the subtlety of the advertising media to give every prospective purchaser a new bargain. The moods portrayed by fashion are as unpredictable as the English weather and are not without hazard.

It is currently accepted that long hair for men, even beyond the shoulder, is in vogue. Whether or not such long tresses add to the portrait of a developing adonis is a matter for conjecture. Providing that personal taste infers cleanliness, at one time "next to godliness", one can hardly decry the wearing of long hair and clothes of current trend.

The entry, however, of such fashions as worn by not a few of our students into the precincts of a hospital deserves comment. Admittedly this new element in the Guy's society is limited almost entirely to the pre-clinical students. Many of this group would appear more suited as recruits for the Hippie movement or Hell's Angels, rather than members of a large teaching hospital. The assorted mixture of leather, denim and hair, is aesthetically displeasing, and one realises that this may just be a transient phase. The barbers' scissors will reap their crop when clinical days draw near, but is this sufficient and how do these students appear to the patient?

That the pre-clinical departments of a medical school cannot be more of a university and less of a hospital is indeed unfortunate. Nevertheless, the link with the latter is so strong that priorities must be placed in the correct perspective. Such groups of dishevelled students do not enhance the image of the hospital, particularly to the many patients who pay only one visit. That visit may already be filled with apprehension, and it would not be out of place to provide a degree of reassurance within the confines of the hospital, rather than a shade of the King's Road.

GUY'S DIARY

MAY

11	M	1.00	Clinical Lecture. Dr. McArdle.
12	Tu	1.00	Clinical Lecture. Dr. CHARLES M. McLANE, M.D., of the Cornell University Medical College. "A Half-Century of Sterility, 1840–1890."
14	Th	1.00	Clinical Lecture. Mr. LAWRIE. "Some Ano-Rectal Conditions."
15	F	1.00	Clinical Lecture. Mr. I. ROCKER. "Gynaecology on a 'Gwent' Day."
		2.15	Combined Round in Pre-Clinical Classroom. Chairman: Dr. OGG. Speaker: Dr. CAMERON.
18	M	1.00	Clinical Lecture. Dr. WELLS. "Fatal Dermatological Disorders."
21	Th	1.00	Clinical Lecture. Mr. SHAHEEN. "Tumours of the Oral Cavity."
22	F	1.00	Clinical Lecture. Dr. MACLEAN. "Antibiotic Therapy in Clinical Medicine Today."
		2.15	Combined Round in Pre-Clinical Classroom. Chairman: Dr. JOINER. Speaker: Dr. STEVENS.

THE CRIMINAL AS A PERSON

by

W. Lindesay Neustatter

M.D., B.Sc.(Psy.), F.R.C.P.

Senior Psychiatrist, Royal Northern Hospital, N.7, Honorary Member, Old Bailey Barristers' Mess, one-time Research Psychiatrist, Guy's Hospital.

In discussing the criminal as a person, two considerations must be borne in mind, the first is summed up by Bernard Shaw, who wrote that the man who is too good for this world, and the man who is too bad are both put out of the way ! In other words, there are a small number of offenders who are idealists, and who break the law for what they believe to be right, some political offenders who have lost their lives in fighting tyranny are an example. Fortunately, there is nothing that requires such fanatical heroism here, but there are nowadays a good number of disturbances, idealistic movements, supported by worthy individuals, which are widely bedevilled by psychopaths and psychotics, who attach themselves to a cause because of their own internal difficulties, which often date back to childhood, and their reaction is primarily a paranoid one. Thus, I had one of the leading members of a movement with high ideals, which I think it would not be fair to mention, in hospital with schizophrenia.

The major class of offenders, of course, are criminals who commit their offences purely for furtherance of their own personal ends. They vary from the professional, who plans his crimes with commando-like precision, to those whose crimes are due to emotional outbursts. Probably most criminals are rather pathetically inadequate. I had a patient who repeatedly got himself into prison, including a long spell at Dartmoor, for crimes which never really brought him in anything worth while. As well as inadequates, there are psychotics, particularly chronic schizophrenics, who may be offenders, and as Rollin points out in "The Abnormal Offender and the Law," it is an over-simplification to classify offenders as mad or bad, as they can be both mad *and* bad.

The psychiatrist does not see much of the really class professional criminal as in their type of offence they are more concerned in pleading Not Guilty than trying to get psychiatric help in mitigation.

Of the many offenders I have seen, the most noticeable thing about them is how little they appear to differ from other people, and as they are seen in the quiet of the prison or in my room one may obviously get a very different impression of what they were like outside when they committed the offence, either as one of a gang, or in a state of emotion. I have often read of some appalling crime in which one pictures the criminal as being like the horrid types seen in Z Cars and Dixon of Dock Green, or for that matter some of the Hippy types and Skinheads of real life, yet when I have talked with the prisoner he generally seems not only very ordinary, but quite often a decent sort. Several examples come to mind. A Scotsman, one of the three responsible for the shooting of a policeman some years ago, seemed a very ordinary, commonplace, quiet and friendly individual ; perhaps even more striking was a prisoner I saw who was the last man to be hanged. In conjunction with a friend, he had hit a farmer over the head with a crowbar, intending to rob him; he only intended to stun him, not to kill him, but this resulted. This man had a completely clean record; he was a fresh, open-faced, frank individual, the type to whom one would normally take to as being an agreeable, likeable character, and yet he had committed this appalling crime.

I also had the opportunity of examining the Moors Murderer for the Defence, not that I proved of any use to them as I could find no diminished responsibility. He talked away in a detached manner ; he seemed a little lacking in emotion; he was a dry Scot, and also canny, and clearly did not mean to give anything away which he did not have to, but he in no way appeared the monster that he must have been to commit those terrible crimes. Incidentally, one of my colleagues, who saw him subsequently, asked how the interview with me had gone, to which he replied that Neustatter had been somewhat clinical !

Amongst female homicides, I had a woman in hospital who, in a fit of intense depression, had strangled her mother. One day Ward Sister, who did not know what she had done, spontaneously remarked what a very nice woman that patient was ! I quoted this remark when lecturing in Sweden, whereupon a Stockholm newspaper came out with the heading, "British doctors say how nice murderers are"!

One thing which has become apparent to me is how dangerous the meek and mild are. Very often if they do kill they unleash all kinds of violence; they throttle, stab their victims repeatedly, and often work themselves into an absolute frenzy. The explanation is probably that they have always repressed the normal aggressiveness which we all possess, and repressed aggression and resentment burst through in a frenzy of violence once the "lid is off".

Agatha Christie seems to have sensed the dangers of the quiet type for her early murderers were nearly always described by her as the "madonna-like type".

Of a hundred or so of those charged with murder whom I have examined, nearly all have been co-operative, and appeared to be truthful. Many of them had given themselves up, quite a number attempted suicide. Only occasionally are they aggressive, and then it usually means that they are lying. I interviewed one man who had shot his victim, who was exceedingly grandiose in manner, and one of those tedious circumlocutous individuals, who, when asked to tell me how the shooting came about, insisted that he must tell of the events which lead up to it, which he proceeded to do with interminable and irrelevant detail. After listening as patiently as I could, it became apparent that he was speaking of incidents which occurred four years before the shooting. After vain efforts to get him up-to-date and to the point, I finally pointed out in exasperation that a revolver does not go off of its own accord, to which he replied that he was not going to be bawled out, and left the room in high dudgeon. Apart from a disinclination to admit to his acts, I think he was probably a grandiose paranoid schizophrenic.

I have only twice seen a blackmailer, once in the Army when I was examining a soldier who had served five years in a sensational case, and who was very offended that I did not know who he was, and incidentally compared the Army unfavourably to prison!

Recently I saw one who was alleged to have threatened to expose a homosexual, and to have extorted money by threatening messages over the telephone that his victim would be killed, collecting several thousands of pounds. Far from the cold and cunning individual whom I had expected to find, he was a quiet, dull, colourless inadequate little man.

I saw one XYY chromosome murderer, a gigantic man who, to spite his ex-wife, had killed their four children with a hatchet. He explained to me that he had not wished to do it in this way, but wanted to give them sodium amytal. Asked how he would have persuaded them to take the tablets, he replied that they would have taken them because they trusted him!

The ordinary run of criminals who usually come from the poorer section of the community, if they are caught, seem to accept their lot, but the more well-to-do, who practise frauds, tend to develop hysterical reactions, I found. They get understandably depressed, and express what may be genuinely depressive ideas, but they also have hysterical lapses of memory about what has happened, and their apparent inability to defend themselves can constitute quite a problem. Unfitness to plead in law means an inability to instruct counsel, to follow proceedings and to challenge a juror. If the accused declines or appears unable to answer, the question arises "is this genuine or is he 'mute of malice'?" The famous Padola case illustrated the difficulties presented by an alleged loss of memory, i.e., did his hysterical amnesia genuinely prevent him pleading? The jury decided not, and indeed if it were accepted, every criminal who preferred hospital to gaol would soon be suffering from amnesia, with the same ease with which the Serviceman, absent without leave, had the whole of his past life disappear in a flash at the sight of a military policeman.

One odious, wealthy businessman I saw who was feared by all his staff for his bullying, hectoring ways, and who was involved in some very serious frauds, when charged, gradually got into such a state of excitement and incoherence, that it was necessary to have a full neurological examination, as in some ways the picture simulated G.P.I., but it all turned out to be hysterical.

This very briefly gives an indication, though I fear, rather a superficial one, of what the criminal is like when one interviews him.

THE GORDON MUSEUM

by

S. J. de Navasquez

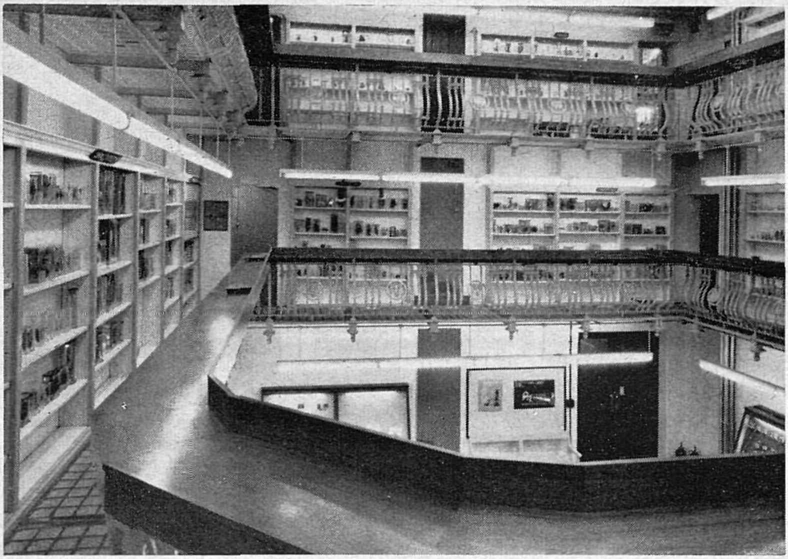
Having been invited by the *Gazette* to contribute an article on the recent improvements of the Museum, I welcome this opportunity of doing so in the hope that students will avail themselves of the many new facilities introduced.

The educational value of museums of pathology has currently been disputed in many medical schools and many have allowed their museums to run down or be converted to experimental laboratories, believing that the space was too valuable to house a static collection. This narrow view ignores the relevance of the past with its landmarks tracing the progress to modern medicine and frequently serving as guides for the future. We are what our ancestors made us.

The Past. The present museum, built in 1905, was the generous gift of Mr. Robert Gordon, a Governor of the Hospital. From Hunt's House was transferred the original collection of Joseph Towne's unique and superb wax models, unsurpassed then or since and internationally famous. Even more important are the original specimens from the diseases first described by that great triumvirate of Guy's physician-morbid anatomists, Bright, Addison and Hodgkin, which visitors the world over come to admire.

The present museum is one of the few remaining examples of the "glass and iron" age of architecture begotten by the Great Exhibition of 1851, which was the apotheosis of architectural engineering and will certainly persist to be of major historical interest as the main contribution of this country to architectural practice, which in spite of Bentham and his doctrine of Utilitarianism, was often more ornamental than useful. Many students in the past have suffered jabs in the back from the curved iron railings which line the galleries. This has now been remedied by providing shelves in those galleries which are most used and which should be as comfortable as any well-designed long bar. This has been possible due to the lavish space, thought so wasteful by modern standards, but which allows adaptation for improvement.

The Present. During the Curatorship of Professor C. K. Simpson, a section devoted to Forensic Pathology was created by him and is the most comprehensive, if not the only sub-museum of its kind in this country.



The Gordon Museum showing new shelves.

Comparable, to, and as pioneering as the specimens prepared by Sir Astley Cooper, are the models of the bronchial tree made by Lord Brock, which laid the foundations of modern Thoracic surgery and which undoubtedly will inspire some future genius to carry on the tradition of discovery here at Guy's.

Gradually all the specimens, there are over 6,000 of them, are being remounted by Mr. Daws and his staff and all will have coloured transparencies available for teaching. In his expertise, Mr. Daws is a worthy successor to Joseph Towne and unlike the latter, is always ready to help both student and teacher.

The Future. Plans approved unanimously by the Museum Committee have been submitted to the School for a supra-structure to be erected on the roof of the Museum which will double the existing space for study, by providing workshops, seminar and tutorial rooms and other facilities.

Whatever criticism, and some of it was justified, has been made about the discomfort and drabness of the Museum, will, it is hoped, disappear as these plans mature. Many in the past have made it their spiritual home and more in the future will do so in greater comfort, if not enlightenment.

EMOTION

by

G. L. Davies

Definitions to be of any use must be concise, and the words used to make them should be clearly seen to relate to what it is they are trying to define. This may sound paradoxical, but definitions do not always conform to this postulate.

That much-used word "emotional"—over-used word one may say —seems to be a case in point. The dictionary defines "emotion" as a "state of feeling under which the mind is moved with greater or less excitement of sensibility or passion", and one does not feel disposed to quarrel with it over that. It is clear, however, that the word "emotional" is commonly used now in a bad sense, usually of a person of a somewhat unbalanced, labile character, over-sentimental, prone to tears or anger, or to excessive laughter verging on the hysterical. Its advent has coincided largely with the great rise of psychiatry as one of the medical disciplines, and the use of the word "emotional" in this connotation no doubt meets the case often enough. However, like the word "neurotic" which it is now tending to supplant, it has, increasingly, become a popular word with the lay public, especially leader writers and writers of literary articles of all kinds who delight in bandying about such medical words as "schizophrenia" because they think it gives a cachet to what they write. But the word "emotional" itself is by no means applicable to such persons only. Whilst the tendency now is to provoke people to anger if you say that they are neurotic, to tell them that they are emotional may be a compliment to their sensitivity towards beautiful things such as music. They may also feel very strongly the emotion of pity for the suffering of other creatures, human or animal. There may on the other hand be occasions when they become justifiably emotional with anger. It is recorded of Beethoven that once when he was playing a duet, he became so infuriated by some people in the company talking loudly that he got up and said: "Swine, I will play for you no longer". The late Sir Thomas Beecham was well-known for the searing glances which he used to direct at late-comers, and who knows what mental reservations this strong-minded perfectionist in the art of music had about such people at the same time. One can be aware of this particular emotion oneself. To be trying, in some little gathering, to hear every note of some haunting melody and to have it interrupted by someone suddenly starting to discuss the steeply-rising price of cheese or some other comestible, is enough to make one at the time give up all hope of the human race.

Beethoven's emotion of anger was probably a rapid transition in the circumstances, and for that reason all the more explosive, from the harmonious and equable emotion which he was no doubt feeling whilst playing the duet. The pure emotion inspired by music, a positive emotion it might be called, is well exemplified by a Tschaikovsky story. On one occasion when he was playing his String Quartet in D major to Tolstoy, who was sitting beside him, he was amazed to see the tears streaming down Tolstoy's face, and he remarked how astonished he was that any musical creation of his could produce such an effect.

One has only to read the recently-published memoirs of Berlioz to note that he, too, was very susceptible to emotion even to the extent of shedding tears when conducting, particularly choral works, and the same weakness, if such it be, was observable in a man of much lesser stature musically, the late Sir Malcolm Sargent, an able and popular conductor. One could perhaps describe both these men as being "emotional", but it would not be the kind of deprecatory emotionalism in the sense in which the word is now so commonly applied.

In a recent discussion on television of the possible causes of a certain 'plane disaster for which there seemed to be no reason, a doctor who was present said with some air of finality that the cause was "emotional", though an experienced pilot who was present seemed to dissent from the doctor's facile explanation. One can well imagine a pilot flying through the darkness for many hours, and with, presumably, not much to do until the time comes to land. His mind could, of course, be occupied with all kinds of private worries, but it is hard to believe that, with all the lives dependent upon him, any disturbing emotions which he may have been turning over and over in his mind whilst flying wouldn't be completely shaken off when the serious moment of making a successful landing arrived.

Getting back to the word "emotional" itself, is it not true to say that we become the slaves of words. We "highlight" them when we only mean, often enough, that we put a slight emphasis on them, and, in the course of a short article, we seem to be perpetually " participating" or "communicating" or being "realistic" about something or the other. To think that one is well ahead in the current literary trend, and to be always using some fashionable word, or an old word that has had a new slant put upon it, is not clever. The Romans had a saying: "There is always something new from Africa" (Semper aliquid novum ex Africa). Perhaps we should be nearer the truth today if we said: "There is always something new from America", because that is where so many of our verbal infelicities seem to come from.

NURSING SECTION

Patients and Visitors

Most nurses during their training are insiduously indoctrinated into regarding patients' relatives as one of life's crosses which have to be borne. Very few, if any, nurses commence their career with this attitude, but by the time they have reached Senior positions, it has infiltrated.

To a great many nursing staff, the well brought-up patient should have no family or friends. These somewhat necessary attachments merely serve to make the place look untidy, and are a source of great annoyance, in that they persist in telephoning and taking up valuable time by enquiring about the health of their loved ones.

These archaic ideas are aggravated by the fact that nurses seem to consider it indecent for a husband or wife to view their spouse being either washed or fed. Instead of utilising these willing hands to help with the work, the sisters banish them from the ward. Another idea is that no visitor can be present when a consultant is conducting a teaching round. Why is this so? It is utter nonsense. Surely the time has come for our erudite medical colleagues to descend from their ivory castles and plant their feet firmly on the ground. It would be interesting to see how many of these gentlemen would conform to the same rulings as do the public, regarding the visiting time of their families.

This situation, unfortunately, is a vicious circle. The nurses who are entering their training now, with open minds, will within three years be past redemption.

The people of course who could, and would be prepared to teach on this subject, are those engaged in Paediatric Nursing. Children's wards and hospitals are, in many instances, years ahead in attitude. Unfortunately, this is not universally true but things are improving, even in the darkest areas.

How does one effect a change? It surely must come from the ward sisters. It is up to them to teach their medical and nursing colleagues both senior and junior. An interesting observation has been made in recent years, in children's wards where free visiting has been sanctioned. Those with sisters who enjoy having the parents present, have noticeably larger numbers of visitors in evidence, than do those in which the sister is still antagonistic to them. Her attitude, therefore, is the most important of all.

All the difficulties which are hypothetically considered when discussing open visiting seem miraculously to melt away when the system has been adopted. Sisters do not have to spend a hectic half-hour every evening going round! They will find that instead of the great daily influx, only a few will ever be present at one time. If people can visit freely they do not feel the compulsion to spend time at the bedside in order that the patient shall not be the only one without a visitor.

A recent somewhat lewd television programme demonstrated the whole present situation very well. Even the Sister conducting the count-down before the doors opened, was demonstrated. The most poignant fact which came out of the programme, however, was that one of the patients became so overwhelmed by the general unheaval in the ward that he went outside to obtain some peace !

How many of our patients must feel like this every day? Would it not be more humane to treat them like normal people who belong to families, than prize exhibits at the local Zoological Gardens?

NOTICES

The Innominate Club 1921

The Annual Dinner, 1970, is to be held at The Bath Club, 43, Brook Street, W.1., at 7.30 p.m. on Friday, 15th May. Tickets at 50s. Dr. A. T. Rogers will be in the chair.

Any Guy's men wishing to attend should contact the Secretary, Mr. G. T. Hankey, at the above address.

Guy's Hospital East Anglian Dinner, 1970

The Guy's Hospital East Anglian Dinner for 1970 will be held on Friday, 29th May, 1970, at Pembroke College, Cambridge, at 7.30 for 8.0 p.m. President: Dr. Windsor Lewis. Guest of Honour: Mr. F. R. Kilpatrick.

If any Guy's East Anglian has not received a notice of this Dinner but would like to come, will he please write to Dr. A. Batty Shaw, 41, Newmarket Road, Norwich, Norfolk, NOR 22D.

British Medical Association Annual Representative Meeting, 1970—Harrogate

Informal Dinner for Guy's Graduates

An Informal Dinner for Guy's Graduates will be held on Friday, 26th June, 1970, at 7.30 for 8.15 p.m., at The Crown Hotel, Harrogate. Tickets are 55s. each, including sherry and wine.

The dinner is **not** limited to those attending the Annual Representative Meeting of the B.M.A. The accent is on informality, and it is hoped that as many Guy's people as possible will attend, with their wives and friends.

Tickets may be obtained from Dr. I. T. Field, B.M.A. House, Tavistock Square, London, WC1H 9JP (envelopes marked "Personal", please).

CORRESPONDENCE

Tribute to Miss Bridget Wolff

SIR,—In the article on the New Cross Breast Unit in a previous issue of the *Gazette* (11th April, 1970), tribute was paid to the work of Miss Bridget Wolff, who was Research Assistant to the Breast Clinic from 1951—1968. Sadly, Bridget Wolff died suddenly in Guy's on the 16th April so that she never read that modest appreciation of her untiring efforts on behalf of the Clinic.

We would wish to add our personal tribute to the deeper contribution she made to this Department. Her work was precise, disciplined and always of the highest scientific standard even after her retirement and in spite of ill-health. Her scholarly command of the English language and her patience were frequently enlisted to help in the construction of articles coming from the clinic. However, it is her kindness, humanity, courage and wise counsel that we shall miss. The staff of the Clinic, indeed the whole Department for which she did so much grieve the loss of this frail, gentle lady whose modesty and devotion endeared her to us all.

Yours faithfully,

HEDLEY ATKINS, JOHN HAYWARD, DAVID TONG.

Department of Surgery,
Medical School,
Guy's Hospital, London, S.E.1.

Ethics or Politics

SIR,—May I comment on your article in Passim "Home Truths"? I agree with your points, but you have blurred the difference between a *political* system and the *import* of a particular system on a race of people. We in England certainly stand condemned for our broken promises to the Asians of East Africa; Russia and Greece are certainly totalitarian; but the issue of apartheid is not just the issue of a political system which is obnoxious—it is that the effect of this policy is to imply that black people are inferior to white people. It is this implication that people are demonstrating about. The issue is an ethical one, not just political. The difference may be subtle, but it should not be ignored by such learned organs of free speech as the *Guy's Hospital Gazette*.

Yours faithfully,

ROBIN CARMICHAEL.

East Wing,
Guy's Hospital, S.E.1.

Rag

SIR,—As a participant in the "Rag", I would like to inform Dr. G. L. Davies that Pussyfoot Johnson had the misfortune of losing the sight of an eye as the direct result of police intervention. As part of the "Rag", he was carried on a stretcher from King's College in the Strand to the approaches of Oxford Circus, where plain clothes police gradually took over the duty of bearers, rushed him to a side street, where an open car awaited and hurled him over the back. It was then that the unfortunate accident occurred, as he fell forward, his face struck the point on a policeman's helmet.

A deputation, led by Mr. Edney, of the "Rag" Committee, visited Mr. Johnson in hospital, where he sportingly exonerated the students of all blame.

GORDON B. KEMPSTER.

Foxley Dene,
Charmouth,
Dorset.

BOOK REVIEWS

CLINICAL ANATOMY.

Harold Ellis, 4th Edition. Blackwell Scientific Publications. 42s.

The fourth edition of this textbook indicates the necessity of a concise and readable textbook of anatomy which the student approaching finals can use for revision. The unavoidable gap between pre-clinical anatomy of the dissection room and anatomy encountered in operating theatres makes the understanding of this subject somewhat of an obstacle.

The clear diagrams and systematic presentation make this an enjoyable book to read, even to those who regard anatomy a somewhat "dry" subject. The illustrations are readily reproducible for examination purposes, and perhaps the only criticism, although forgivable, would be for an even greater clinical bias. Undoubtedly a must for all clinical students.

D.T.

INCONTINENCE: SOME PROBLEMS. SUGGESTIONS AND CONCLUSIONS,

by Leonora Elphick, A.I.M.S.W. Published by the Disabled Living Foundation, Vincent House, Vincent Square, London, S.W.1. 5s. 6d.

This book is written to give information to the lay public, and, while giving some background information on the types of incontinence, does not refer to treatment. It does, however, stress the need to obtain medical advice early, and discusses the reasons why people endeavour to conceal this "unmentionable, non-polite" disability.

The main section is concerned with the design of clothing, the management of incontinence appliances and protective garments, and the Local Authority provision for obtaining and disposing of pads. The illustrations are lively and informative; the slim well-designed clothes give no indication of the appliances worn beneath them, contradicting the prevalent idea that incontinence entails drab shapeless garments, and a general aura of melancholy.

This book will be of particular use to general practitioners, district nurses, health visitors, physiotherapists, occupational therapists, members of the Red Cross and W.R.V.S., and all others whose work brings them into contact with Disabled Living.

E. R. TANNER.

POEMS FROM HOSPITAL:

An Anthology. Edited by Jean and Howard Sergeant. George Allen & Unwin Ltd., London. 169 pp. 30s.

It has always been the business of poets to put into words for the rest of us the particular qualities of our own experiences which lie deep in our own feelings and beyond the range of our descriptive powers. In illness, breakdown, disease, birth, death, the isolaters of the human spirit, loneliness, unfamiliarity and fear make up an uncomfortable background to pain, both for sufferer and observer, and "Poems From Hospital" should bring help, and explanations and assurances to anyone in need of them. Elizabeth Jennings, who so exactly analyses the changes that take place in the whole human system affected by illness, writes:—

" Now we cannot hold a sense of place,
Entirely by ourselves, we need to share".

" There is no loneliness like birth" says Terence Tiller, and John Betjeman in a wry and witty self-exploration writes:—

" But still you go from here alone,
Say all the bells about the throne".

When Eliot says, in East Coker, "The whole earth is our hospital", he gives us true reason enough for reading this collection of poems whether we be sick or not, and its wide range of compassion and discoveries might help anyone to understand himself and his fellows a little better. It was Eliot in the same poem who spoke of "The sharp compassion of the healer's art", and many of the poems express the love and gratitude of their writers for the people who have helped and healed them. When Marjorie Evans observes of the Night Nurse that "in the stiffness of her apron there is hope" she touches on that longing for order and cleanliness and the rightness of things that is common to most people whose bodies have become disordered and diseased, and which is fulfilled so carefully in the hospital wards.

The wit and charm of Chad Walsh's complimentary pun for the Doctor Morrow who gave him back the miracle of sound, "Praise God give thanks tomorrow and tomorrow" shows that humour does not always desert us in extremity. It is there in Sylvia Plath's delightful "In Plaster". She wrote of her plaster cast :—

"I gave her a soul, I bloomed out of her as a rose
Blooms out of a vase of not very valuable porcelain"

and the laughter is louder, if somewhat dry, in Ogden Nash's comments, particularly on visitor/patient conversation!

Among the more serious work the writers deal with the pains of meeting and parting, and the agonies and terrors encountered and dealt with somehow, and with the mind in flight from it all, and somehow held down, or not, as in the section entitled "A Weather in the Head". So often as Miss Jennings says, when we are ill "The great preservers here are little things". Of the greater things at the extremes of human feeling, Jon Silkin for one deals bravely with an unbearable experience, and may bring comfort to others with his courage when he can say of the son who died at one year old, there was :—

"Something religious in his silence,
Something shining in his quiet,
This was different, this was altogether something else."

It is the poet who can tell us clearly what that something different, which the experience of illness brings to everyone, is, at whatever level we meet it, in ourselves or in others. It is in a collection of poems such as this one, that we find some part of that difference to be such a universal experience that a real sense of community may take the place of the fear of separation, usually part of illness, when we read these poems.

FIONA LAYLAND.

SPORT

SPORTS COMMENT

ATHLETIC SUCCESS

Guy's have done it again! For the seventh year running the University Athletic cup has returned to Our hospital. This year was particularly difficult for Guy's, as many of the old stars were unable to turn out. However, even though the number of competitors had diminished, Guy's team pulled through. Notably Kevin Sommi had a fine run to win the 100 metres, Ian Morgan won the 200 metres, hurdles, and Shepherd won the javelin. However, it was by the whole team's effort that the cup was won. If anyone enjoys a bit of summer sport they should look down on the Athletic club notice board which is next to the bar. There are plenty of competitions this season and with such a good opening success we should go on to win them all, if there is good support.

CANCELLED EVENTS

On the gloomy side, two summer events will not be occurring. The first is the annual sports day. It appears there is little support for such events in the Hospital today. Last year was a loss to the Athletic club, and this year it was felt that as no other clubs were willing to join in with the organization of it, Sports day should be dropped. This was rather sad, but reflects the changing interests of the student today. Secondly, the Boat Club ball, on board ship will not be held as advertized as no boat could be obtained.

RUGBY CAPTAIN'S TRIAL

John Ross, this year's captain of the 1st XV, will be taking part in a special trial for the Irish International team. This is great news for Guy's as it means the Rugby Club may have two international players. I hope you will all join in the congratulations, and wish him best luck in the trial.

TORBAY EASTER HOCKEY FESTIVAL

SPIROCHAETES

Results: Played 7, Drawn 2, Lost 5.

Goals: For 1, Against 13.

On surveying the above results it can be seen that the 1970 Torbay Hockey Tour produced exceptionally skilful and exciting hockey from the Spirochaetes. As always, they proved to be one of the highlights of the Festival (in their social capacity).

"The Old Man" was the first to arrive at the hotel, he briefed the manager on what to expect and secured himself a single room. In the evening the team met many old friends again in the Tolsham Arms such as the Anaphylactics from St. Thomas's hospital. Following much imbibing of "scrumpy", it was round to Arthur's (the landlord of St. Thomas's Hotel), whose rhinophymic proboscis simply lit up with pleasure as we walked in through the door. The hotel, however, became suddenly denuded of its luxuriant growth of plastic flowers which had been unfortunately replanted in the hotel lavatory bowls, much to Arthur's consternation.

The actual hockey games began on Saturday afternoon. The team was just about to bully-off when it was found to be two players short, N. Matthews (subsequently found back in our hotel a little worse for wear) and B. Martindale who had rather embarrassed the lady spectators by the absence of his shorts which he had forgotten.

The best side Guy's played was Worcester Sorcerers who had four county players and one Welsh international. Even with a crippled captain, J. Toplis the Spirochaetes fought heroically to a 2—0 defeat. The captain was unfortunate enough to sustain injuries from a fracas with two dogs which he disturbed the night before.

The only goal scored during the tour was in the last match when Martindale, Toplis and finally Bell performed an ingenious movement up field which resulted in Bell, to his amazement planting the ball in the opponents net. It easily made up for all the goals scored against Guy's.

Many thanks are extended to Dr. C. J. Hunter-Craig, S.C.H.V.A. who umpired most magnificently throughout the tour and to J. Toplis for the brilliant organization. Also it must not be forgotten that if it was not for B. Martindale there would have been no tour, he lent the team a minibus.

Team: J. Toplis (Capt.), R. Walton-Jones, D. Milliner, A. Gillham, A. Holland, B. Martindale, N. Matthews, J. Walker, M. Fordham, R. Rycroft, P. Nicol, G. Booth, D. Silk, D. Hughes.

M.G.F.

SAILING CLUB

ROSENHEIM CUP (United Hospitals Individual Championship)

Wednesday, 25th March.

Guy's entered two crews for this competition. M. Bye, crewed by Dai Davis (who showed a laudable unconcern for someone who had never set eyes on a boat before!) and P. Meakins, crewed by M. Meakins. Three races were sailed, the best two results to count. Conditions at the Welsh Harp were very light and flurry, providing some very exciting close quarter sailing. After the first race three boats were tied for first place, and with a 1st, a 2nd and a 3rd. A sail-off was held between these three: A. Jessop, of U.C.H.; P. Rowan of St. Thomas's; and P. Meakins, of Guy's; whilst the other competitors hot-footed it towards the bar!

In this last race, Jessop, last year's winner, took an early lead and kept it, whilst Rowan and Meakins had a fine tussle for second place overall, the latter just finishing in front.

CRICKET FIXTURES

1st XI

Wed., 6th May—Home. Wanderers, 11.30 a.m.

Sat., 9th May—Away. Honor Oak Park, 2.30 p.m.

Sun., 10th May—Home. Ashstead, 2.30 p.m.

Wed., 13th May—Home. Stoics, 11.30 a.m.

Sat., 16th May—Home. Old St. John's, 2.30 p.m.

Sun., 17th May—Away. Reigate, 2.30 p.m.

Sat., 23rd May—Away. Dragonflys, 2.30 p.m.

Mon., 25th May—Away. Crofton Park.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the post of **Registrar** in Physical Medicine and Rheumatology to the Guy's Board of Governors with duties commencing 1st July, 1970 to 30th September, 1971 in the first instance. The successful applicant will have duties at Guy's Hospital and in the Rehabilitation Unit at New Cross Hospital. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **22nd May, 1970.**

GUY'S HOSPITAL

Applicaions are invited from registered dental practitioners for the appointment of a **Senior Registrar/Registrar** (whole-time) in Clinical Dental Surgery including Oral Surgery with duties commencing as soon as possible until 30th September, 1971. Facilities for study and supervised research. Duties include the care of maxillo-facial injuries. The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **15th May, 1970.**

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1.

Applications are invited from medical graduates for the post of **full-time Lecturer** in the Department of Medicine to commence on 1st October, 1970, or sooner if possible. The holder of the post will undertake clinical work as well as teaching and research. Salary in the range £1,885—£3,025 per annum, according to qualificatons and experience, with superannuation. Forms of application may be obtained from the Dean.

BIRTH

STURZAKER—On 2nd April, 1970 to Ann (née Featherstone) and Hugh, a son, Robert Hugh Gordon.

MARRIAGE

O'SULLIVAN—GILES—The marriage took place at St. Paul's Church, Paignton, on 11th April of Capt. Michael O'Sullivan, Green Howards, and Miss Susan Giles, S.R.N. Address: c/o 50, Shorton Road, Paignton, Devon.

CHANGES OF ADDRESS

Major and Mrs. N. J. Knott, c/o Army Dental Centre, Minden Barracks, c/o G.P.O. Penang, Malaysia.

Dr. Harold Lee, The Gables, Bramcote, Nottinghamshire. Tel: Nottingham 255074.

H. M. C. O'Driscoll, "Ormiston", Moorside Road, West Moors, Dorset. Tel: Ferndown 3192.

Miss Joanna Peace, S.R.N. School House, Valentine Road, Hunstanton, Norfolk.

PAPERS BY GUY'S MEN

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Rosin, A. J. Clinical features and detection of osteomalacia in the elderly. *Postgrad. med. J.*, 1970, **46**, 131.

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Somerville, J. and Ross, D. N. Left coronary artery from the pulmonary artery. Physiological considerations of surgical correction. *Thorax*, 1970, **25**, 207.

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We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

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GUY'S HOSPITAL GAZETTE

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SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2135

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Medicine and Politics

The gently slumbering British electorate has suddenly been awakened by those political noises which precede a General Election, now less than four weeks away. The manifestos of the major parties will no doubt soon be proclaiming the achievements of past years of political office, together with the promises of future benefits for all sections of the population. We shall be casually cajoled into believing that under the government of one of the major parties, be it Labour or Conservative, all policies voiced will be to our advantage, whereas with the other we stand to lose all the material gains of the latter years. Past experience has taught us to regard pre-election promises with an air of indifference. Politicians, many of whom are renowned for their astute speeches, cleverly disguise their pre-election policies after the event, the original interpretation having been completely lost. The electorate has a choice of personality whom they can place in Number 10, but is there in fact a real difference in the colour of their politics?

The pro-Labour trend in recent weeks has been one of the most pronounced in recent memory. The increasing likelihood is that we shall see H.W. in W.H. for the next quinquennium. However, whatever government is elected it is now important to consider what its policy on health is likely to be.

Figures show that in the first quarter of this year only 63 overseas doctors came to Britain under the B voucher scheme for professionally qualified immigrants. In 1969, 996 overseas doctors came to Britain.

This drastic reduction in the number of overseas doctors coming to Britain "threatens", as expressed in the national press, to weaken the National Health Service. The drop appears to be largely associated with the regulation made last November making it compulsory for a qualified overseas doctor to have an attachment to a British hospital before taking a post. The compulsory assessment scheme looks not only into the immigrant's medical qualifications but his ability to speak English. It is possible that immigrant doctors already here, are remaining longer and that the existing British hospital service may have reached saturation point.

A new government will have to face the same well-worn problems. The necessity of re-structuring the financial side of the N.H.S., possibly through increased taxation? The necessity to replace out-dated hospitals and the foreseeable demands for increased pay for the medical profession as a whole. Numerous social problems still exist, should contraceptive instruction be given to school children, the necessity to tighten up the Abortion Act, and the present controversy concerning research on the "unborn".

The medical profession has within its belt a young and resourceful group of doctors prepared to show initiative in dealing with the many problems facing the profession today. Let us hope that a new administration in Whitehall will include younger men who may bring more personal enthusiasm to the administration of the medical services.

Walkabout

Last Saturday, the second of what have euphemistically been termed "Inter-Hospital Strolls" took place. Otherwise known as the Guinness Walk, this consisted of crossing from one side to the other of Ordnance Survey Map No. 170, replacing the former Brighton Walk. It proved an admirable test of one of the most important qualities required of a medical student—the ability to allow the mind to be completely dominated by matter.

Those participants who triumphed over the formidable challenge of waking up early enough to get to the start were then faced by the prospect of 30 miles of the Pilgrims' Way. One wonders how the original Pilgrims managed to walk four times this distance without the able assistance provided by Guinness, motorised coloumns of helpers, and others.

The start divided the strollers into two distinct groups—those who intended to take the walk seriously, and those who were going to attempt to enjoy it. The first group, shivering in running kit, rushed off into the early morning mist as soon as the flag was waved. Few of them have been seen since. The second group took the walk at a more leisurely pace and were able to appreciate the Surrey scenery. They became slightly less appreciative as they traversed the mud of the Surrey foothills and by the time Box Hill had been negotiated some of the comments about the scenery were distinctly abusive. Gradually more and more strollers began to limp, until the final stages resembled Napoleon's Army in retreat from Moscow. Painful feet were bandaged up, and other measures to relieve pain were also taken. There was ample opportunity to perform an uncontrolled clinical trial on the analgesic effects of Guinness.

Those who reached the finish were rewarded with an attractive tie or scarf. They also gained a stock of memories with which to bore their companions who had enough sense or imagination not to enter for the walk.

The survivors would like to thank all those who sponsored the walk or helped with it, including Messrs. Guinness and Bovril, the Medical Sickness Life Assurance Society, the Surrey Police and detachments of Her Majesty's Army, the St. John Ambulance Brigade, the Marshals who assisted, and whoever was responsible for the efficient organisation.

GUY'S DIARY

MAY

26 Tu 1.00 Clinical Lecture. Dr. MANN.
"Biliary Cirrhosis."

29 F 1.00 Clinical Lecture. Dr. J. P. WILLIS.
"A Bad Scene."
2.15 Combined Round in Pre-Clinical Classroom.
Chairman: Dr. H. KEEN.
Speaker. Dr. MacKEITH.
Subjects: Epilepsy, Reading Difficulty, Obesity.

JUNE

1 M 1.00 Clinical Lecture. Mr. CRABBE.
"Injuries to the Vertebral Column."

2 Tu 1.00 Clinical Lecture. Professor Sir HEDLEY ATKINS.
"Some Innocent Diseases of the Breast."

5 F 1.00 Clinical Lecture. Dr. KAUNTZE.
"The Diagnosis of Bronchial Carcinoma."
2.15 Combined Round in Pre-Clinical Classroom.
Chairman: Dr. H. KEEN.
Speaker: Dr. MACKENZIE.

CYBERNETICS AND CANCER

by

D. F. STUBBS

Cybernetics is a word invented in recent times by the mathematician Norbert Weiner. He defined it as : "the science of control and communication in the animal and machine". Cybernetics gives us a tool with which we can approach such complex systems as the human animal. In medicine we are usually concerned with some sub-system which has "gone wrong" in a cybernetic sense. Sometimes the actual control system "goes wrong" as in diseases of the endocrine or nervous systems or immunological disorders. Sometimes the system has got out of control; the components of the system are unable to respond to the command of the control system. This occurs in the classic "failures": heart, respiratory, renal, and hepatic. When the body is invaded by foreign micro-organisms they have to be present and active in large numbers before they can overcome the natural control on their multiplication. Alternatively, if the natural defences are weak, such as a defect or absence in the immune response, then the invading organisms will burst into uncontrollable numbers and the disease runs its natural course. For some years it has been suggested that the growth of cancer could be explained in a similar way. There is common agreement that something is wrong with the control of cell growth and reproduction.

Malignant cellular evolution

Some authors have likened the neoplastic process to simple evolution (1)(2)(3). Evolution operates by the process of natural selection on biological systems composed of units which reproduce and compete. In this case a cell clone appears which is more "fit" to survive and reproduce than normal cells and a tumour results.

The first question to be asked is, "How does such a proliferative cell first arise? It is quite feasible that normal mitosis will in some cases produce two different daughter cells. If they are different then one must produce more descendants than the other. A second factor that will cause difference is changes in the nuclear material due to simple age. The DNA just "wears out" due to instability in intramolecular bonds. Sinex (4) has shown that molecular ageing will make the cytoreproductive mechanisms in a kangaroo's tail unserviceable within 215 years. In cancer research much work has been devoted to the identification of a third cause of "different" cells arising: mutagens. Many agents, including chemicals, ionising radiations, chronic irritation and viruses have been identified as mutagens. Druckrey (5) proposed and demonstrated an interesting equation relating the concentration and time of application of a carcinogen to the likelihood of occurrence of a cancer. He showed that two steps occurred in the development of a cancer. First, on a time-concentration dependant basis, the neoplastic cells arose, and then once started, the cancer process was autonomous and independent of continued or removed carcinogens; it grew according to its own laws. It seems that a neoplastic cell can arise by some semi-chance alteration in the cell hereditary material which makes a cell more proliferative and so on. If this were so, it would be expected that neoplasms tend to arise more frequently in tissues which are undergoing more rapid cell division. This is indeed the case. Labile tissues such as bone marrow and epithelia give rise to the majority of neoplasms. Tumours of stable tissues such as muscle and connective tissues are not very common. Nerve cells, which cease division at age 15 to 16, never give rise to neoplasms. It is of no coincidence that the gamut of anticancer drugs act directly or indirectly by delaying mitosis. Their drawback is that they are non-specific for malignant cells and so they adversely affect normal cells.

The second question to be asked is, "How is it that cancer occurs more commonly in older people if new cell types are constantly arising?" A further relevant observation is that as age increases, in general, cancers tend to be more chronic in their course. The question can be answered loosely by saying that the proliferative power of tissues decreases with age but that as age increases the likelihood of some mistake in reproduction increases. A feature considered by several authors is that in general the more malignant a cancer is, the less differentiated it is. The proliferative potential of embryonic undifferentiated cells is of course much greater than that of adult differentiated cells. Rashevsky (6) made an interesting calculation based on this idea. He assumed that two non-specific factors operate quite linearly on cell growth. One is a "growth promoter", the other is a "growth inhibitor". He made the assumption that the "growth promoter" affects cells in a normal (Gaussian) distribution. Thus some cells have more "growth promoter" than others. Those with more "growth promoter" may grow at the expense of other cells. His third assumption was that undifferentiated cells with much "growth promoter" decrease linearly with age. Working in a purely probabilistic manner he produced an equation relating the likelihood of cancer to the age of an individual. His equation exactly fits the published data. Rashevsky produced many other important equations but the precise data required to determine their validity was not available.

The rate of evolution does not depend only on the rate of variability and the frequency of reproduction but also as to whether differences between the cells of a generation are averaged or additive. If the environment is variable, the "selection pressures" would also vary and no one cell type could proliferate to any great extent except the generally adaptable cell. In a constant environment, e.g. chronic irritation or constant stimulation, the "selection pressures" would be sufficiently constant for the most specifically adaptable cell line to proliferate. This has therapeutic implications. Almost any variation in the hormone environment (hormone therapy, oophorectomy, adrenalectomy or hypophysectomy) are ways of treating carcinoma of the breast. By a similar argument, cyclic rotation of antimitotic drugs has been found more successful than using just one drug (7)(8).

The Control of Cell Growth

When cells reach a certain size they divide into two daughter cells. The control of cell growth thus affects the frequency of reproduction of cells. What actually are the "forces" acting on a cell? It has to "compete" for space and nutrient, and it has to "resist" the excreta of other cells, trauma, and phagocytosis. There are growth control factors, called chalones, which must be "hitched" to these external influences. As yet, chalone research offers no hope for the control of cancer, since, significantly, cancer cells have decreased sensitivity to chalones (9). There are probably dozens of influences on cell growth, both specific and non-specific and they must operate at the cellular, (10)(11), tissue, organ, and organism levels. For growth to be controlled, there must be at least one "loop" of control. The efferent limb of the loop would be growth promoting whereas an afferent limb, feeding back information to the control mechanism, must act to slow down the growth rate. This is negative feed-back : the change in a variable from a pre-set level activates controls which decrease that change back to the pre-set level. There may of course be instead, or as well, a growth inhibiting mechanism with its own negative feed-back limb. How is it that neoplasms are not controlled like healthy tissues? It could be that a control loop is "opened up" by some failure to produce growth control factors, or some insensitivity to them, by some membrane defect, enzyme deficiency, or intracellular transport deficiency.

Crile (12) proposed the idea that all tissues and organs have a specific function-proliferation stimulator with a negative feed-back limb completing the control. Such a mechanism is seen in the Pituitary-Thyroid, Pituitary-Adrenal and Pituitary-Ovary axes. Absence or blockage of the negative feed-back limb would lead to excess stimulation, or primary excess stimulation would lead to inadequate negative feed-back. These changes would presumably be due to a new local clone of cells which are deficient in some way. Anyhow, Crile stated, excess stimulation would lead to a more rapid frequency in cell division and the cells would have less and less opportunity to become functioning adult cells. Ultimately the tissue would be composed of frequently dividing anaplastic cells. This links with the observation that the more malignant (proliferating) a cell is, the less differentiated it is. While Crile's specific hormones have not been identified for most tissues, hormone dependent tissues (stomach, breast, prostate, endometrium, ovary) do form a large proportion of cancers. Significantly, some of them can be controlled or exacerbated by alteration in their hormone environment. Druckrey (5) later schematised Crile's hypothesis in a cybernetic manner. If normal cells are explanted to a tissue culture they proliferate exponentially. Thus growth controls on organ size must be extrinsic to the cell. Druckrey made this extracellular control a second order loop which was hitched to the first order loop of intracellular growth controls. Cancer would develop when the second order loop was opened up. Both Crile and Druckrey give many examples substantiating their ideas.

Tumour Growth

The growth of a neoplasm can be considered as though it was an organ in its own right. The growth of a group of cells (or a colony of bacteria on a culture) is *exponential*: one cell divides into two, these have four daughter cells, these have eight and so on. The times between divisions is called the *generation time* or doubling time. For most human cancers it is 2-3 months, but it varies from $\frac{1}{4}$ month to 10 months. An interesting calculation follows from this simple law of growth, (13). Let us say that a tumour is first clinically detectable when its volume is 1 cc. Further let us say that within three years it has reached a volume of 1,000 cc. and that this is a critical volume and the patient dies. These assumptions are all quite reasonable. This takes about 10 cell generations. How long did it take for the first tumour cell to give rise to a tumour of volume 1 cc? The unexpected answer is nine years. For nine years the tumour was clinically undetectable. If nothing else, this suggests that the opportunity for early diagnosis is quite good if only methods for detecting sub-clinical tumours were available. Zumoff and Hellman (14) used exponential plots of percentage of patients surviving versus time after diagnosis to predict, quite accurately, the survival time and the efficacy of treatment in various malignant diseases. The "fit" between the data and exponential plots is amazingly good.

In reality, the growth of an organ is self-limiting. The cells of the tumour not only compete against healthy cells but compete with each other. This is negative feed-back. As the growth increases, the growth rate decreases, a point of therapeutic interest. These growth limiting mechanisms may be quite non-specific (16) such as those which affect normal cells. For example, it may be related to the failure of concomitant vascularisation as often occurs with polypoid growths. If we assume that only the cells on the outside of a tumour proliferate, those on the inside being too crowded to reproduce, then a simple relationship, of theoretic and empiric acceptability (15), is that the cube root of the volume is proportional to time. It also follows from this that central degeneration of a tumour is quite likely, and this is also a common observation. However, other specific mechanisms are probably present in limiting tumour growth, as was mentioned above.

An organ maintains its size by cells proliferating at the same rate as other cells die or are otherwise lost. In the adult this loss rate is 100 per cent of the proliferation rate in normal organs, but in a neoplastic "organ" it varies between 50 per cent and 99 per cent of the proliferation rate. So the tumour increases in size. It is interesting to look at the neoplastic process as the growth of a tissue which is not susceptible to the "normal" losses of tissues. It is obviously "fitter for survival" than normal cells. Perhaps the cells are more resistant to phagocytosis, (17). An interesting hypothesis was put forward by Osgood (1). He says, that if the same size is to be maintained in an organ then for every cell that reproduces, one of its daughter cells must die. This is arithmetic division. However, during growth both daughter cells survive to reproduce. This is logarithmic division. Now as normal growth proceeds, the bigger the organ becomes the more logarithmic division must slow down; there is obviously some negative feed-back mechanism operating. Osgood gives illustrations of this concept in normal growth control. Is it possible that cancer cells, known to often be enzymically deficient, fail to produce the enzyme which subsequently inhibits logarithmic growth? That is, has their self-regulating mechanism gone wrong? Following from Osgood's hypothesis, it would mean that the less differentiated a cell is, the less logarithmic growth inhibitor it has, and thus the greater its proliferative power. This ties up again with the observation concerning the inverse relationship between the degree of malignancy and the degree of differentiation.

When a group of neoplastic cells form a tumour the main "competitor" of each cell is another neoplastic cell. The daughter cells of a division stay next to each other and "compete" for the same environment. There could not be a better way to guarantee that the most malignant cell clones will be present in the greatest number. However, Ravenholt (3) suggests that a new neoplastic clone may occur which is more adapted than the existing clones which die out. At the same time the new clone may be more susceptible to the influence of normal cells, and it, too, may die out. Such a concept could explain the rare occurrence of spontaneous regression of tumours (vide infra), or cyclic variations in tumour size by a complementary negative feedback process.

Cancer versus host

For many years now, examples have been collected of the "spontaneous" regression of cancers (18)(19)(20), even by Guy's staff (21). There are not many. There is also increasing evidence that groups of histologically malignant cells do not always grow (22)(23); indeed the response of different patients to the same type of malignancy is quite wide. This apparent host resistance has been, since the last century, ascribed to an immune response. The reader is referred to reviews of the evidence (23)(24)(25) and the possibility of cancer immunotherapy (26)(27). It is interesting that Burnet (22), looks upon the homograft rejection immune response as a mechanism specifically evolved to deal with neoplasia. Evidence also exists (28) that non-specific tumour growth-control substances exist and are extractable from the thymus. If the body does control new cell clones then the development of a neoplasm represents escape from this control. The pertinent therapeutic question is "How does the protective mechanism become ineffective?" It could be that malignant cells just no longer respond to the control mechanism or it could be a primary defect in the mechanism. A similar situation exists with infectious diseases ; while everyone is exposed to the tubercle bacillus only debilitated people contract clinical tuberculosis. A famous Guy's surgeon, Sir Heneage Ogilvie, once ascribed the "contraction" of cancer to unhappiness (29). As age progresses there seems to be some factors which decrease our ability to control new cell clones; their identification is a matter for the future.

It is often not known how a cancer kills the organism it is in. Sometimes a growth will compress a vital organ, obstruct a vital passageway, or erode into a blood vessel and cause a fatal haemorrhage. Usually the cause of death is carcinomatosis. For some reason widespread metastases kill. It would seem likely that the malignant cells exude some toxin which increases in concentration until healthy cells no longer function. The neuropathies, aplastic anaemia, cachexia and susceptibility to infections associated with cancer deserve some explanation. The "malignant evolution theory" cannot rely on overwhelming non-specific competition as an explanation of death. In the past, benign growths have reached weights of several hundred pounds before they killed the patient through exhaustion, whereas malignant growths of only a few hundred grammes in weight may kill. Holmberg (30)(31) has succeeded in isolating and partially anaylising this non-specific toxin which prevents normal cells reproducing. Unfortunately, malignant cells are not themselves susceptible to it. It will be appreciated that the more a cancer grows the more the toxin will "knock out" any natural controls on it that there might be. In terms of control theory this is positive feed-back : the vicious circle, in fact the vicious spiral. It is probably the most frequent cause of death since cardiac failure and hypertension are both self-exacerbating conditions. Removal of a large primary tumour might easily be sufficient to allow natural controls on a neoplasm to regain their effectiveness over secondary deposits.

To summarize, cancer is the disease *par excellence* which represents failure in control and communication. The control of "wild" nuclear material and the communication of "tame" material to the next cell generation is lost. There are many control loops which regulate cell and organ growth; the cancer cell fails to respond to the communicating substance or opens up the negative feed-back limb and the patient dies in a spiral of positive feed-back. What is important is that an understanding of the general fact of a breakdown in control and communication has allowed workers to schematize the vast data recorded and sometimes make it the basis for intelligent therapy and investigations. This approach is not only applicable to an understanding of the neoplastic process; the present author forsees a unified cybernetic theory incorporating growth, ageing, neoplasms, and autoimmunity. Meanwhile, 20 per cent of deaths are due to malignant disease.

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NURSING SECTION

Nursing Changes

We offer congratulations to Sister M. Rowland, who has left after one year as an Assistant Matron, to take up the post of Matron at the Mayday Hospital, Croydon. Those with whom she worked would wish to thank her for her unfailing help during this time, and also wish her happiness in her work.

Sister J. Nolan, who has for the past eighteen months been engaged as Assistant Matron responsible for planning, has also just left. All of us involved in any way with the "Tower" have been most grateful for her practical assistance during this time, and wish her well in her new post with the Department of Health and Social Security.

Conditions as well as Pay

At last, the long awaited pay rise has reached the pockets, or bank accounts of a large number of nurses. Those in the higher grades are having to wait whilst their scales are determined. Lesser mortals, however, have no doubt by now reaped the benefits.

The financial increases have for the last months been foremost in the minds of everyone. If, however, we think back to the beginning of the "Raise the Roof" campaign it purposed to be fighting for not only better pay, but conditions as well.

Let us look at some of the conditions which require improvement. Firstly, many nurses are working and living in buildings which, if present in industry, would cause a general strike. Wards in many places are extremely old, and have so many extra beds erected in them that to care for patient properly is totally impossible, and the situation thus caused amounts to nothing less than dangerous. Frequently, ward sluices and kitchens can be described only as thoroughly sordid.

In many instances, accommodation provided for residents leaves a great deal to be desired, and the regulations imposed therein, are totally unrealistic. There are still hospitals in this country where students have to be in by a certain hour at night; a late pass having to be procured in order to attend a dance or a late theatre show.

On accepts that authorities may be concerned for the welfare of their charges, but isn't it time they realised that people of eighteen years are old enough to have been married for two years, and are thought sufficiently responsible to be given the opportunity to vote in their country's elections?

The London Teaching Hospitals have for the most part adopted a progressive attitude towards the restrictions on their student populations, and one would hope that this lead will be followed. This does, of course, bring with it problems not previously experienced, but no doubt these would arise sooner or later in any case.

It is surely pointless to mount massive advertising campaigns, and hope to goad teenagers into accepting conditions which have been eliminated from other branches of society for years. These people are, for the most part quite normal, and will be prepared to accept only the same as their peers in other situations.

The committees considering better conditions, should surely therefore be contemplating the eradication of petty and restrictive attitudes as well as the major issues.

NOTICES

GUY'S HOSPITAL REPORTS

Vol. 119/1 has now been published. The contents are as follows:

Suggested pathophysiological principles for the prevention of ischaemic heart disease.—C. W. M. Adams.

Congenital complete heart block and corrected transposition of the great vessels.—D. C. Siggers and D. C. Deucher.

Hypertrophic subaortic stenosis as a complication of fixed obstruction to left ventricular outflow.—Hywel Davies.

The pathological substrate of temporal lobe epilepsy: historical review.—Murray A. Falconer.

Occiptal blindness after strokes.—A. J. Rosin.

Late complications of burns of the hand in children and their treatment.—A. L. Gunn.

Myocardial infarction: a review of six months' experience in Starling Ward.—John Collins.

The possible natural history of benign solitary caecal ulcer.—I. H. K. Scott and F. A. W. Schweitzer.

Supraventricular tachycardia during left ventricular angiocardiography treated with Practolol.—Gwyn D. Thomas.

Orders for separate copies of this number, or for annual subscriptions to the Reports, should be sent, accompanied by an appropriate remittance, to the Honorary Treasurer, Guy's Hospital Reports, Guy's Hospital Medical School, London, S.E.1.

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REVIEW

Chapel Concert

Thursday, April 30th, 1970

Once again, Ian Starke has put together a most entertaining evening of music for all tastes. His immaculate choir opened the programme in a manner we have come to expect; the precise discipline of their work matched the quality of the performance. Their intepretation and sensitivity has increased, although greater clarity of diction on a few occasions early in the concert would have made a small improvement. One was impressed by the variation in dynamics which complemented the flow and feeling for the music so well. The finale, "God is Gone Up," by Gerald Firzi (1901—1956) deserves special mention for the inspired singing, which was helped, no doubt, by the much more relaxed control of the conductor, who is developing an economy of movement that is so much easier to follow. An even smaller beat might have produced the pianissimo of which this group is capable. Any lapse of intonation was more than compensated by other aspects of the music.

The blending of voices was at no time more evident than in the setting for female voices of Elgar's "My Love Dwelt in a Northern Land". In this, Lorraine Searles sang the delicately phrased solo. In two other songs, one of which she sang to guitar accompaniment, Lorraine demonstrated the versatility of her voice; the thought enters one's mind that this must be Guy's answer to Mary Hopkin.

Neil McLeod and Veronique Gregory sang two groups of songs to guitar accompaniment. In the first group, one was disappointed that their work was all done in unison, but this impression was quickly dispelled in the second, when they sang some very charming duets. We must hope that they continue to develop a style to which they are well suited.

The piano, too, played a part in this concert. In the first instance it was coaxed through a Diabelli Sonata by Paul Gartell and Anthony Morgan. Although neither player was at any time at odds with the other, the section which would constitute the violas in a symphony orchestra did make an occasional bid for supremacy, which was probably just as well, as the first violins ran into a little trouble in some fast moving passages! This was not entirely their own fault, as some strange percussive effects in the upper octaves must have hampered progress considerably. Alison Fookes and Jennifer Clarkson gave a brave performance of Handel's "The Arrival of the Queen of Sheba", and encouraged sustained tone from the instrument such as I have not heard before.

This was a most entertaining evening, attended and enjoyed by a large audience. I hope that Ian Starke and others will continue to receive the support they deserve so that further concerts of this nature may be planned and carried out with equal success.

P. Stevenson-Moore.

CORRESPONDENCE

Postgraduate Training and Registration

SIR,—It is evident that many doctors are concerned about the implications of current proposals for postgraduate training and specialist registration. The Guy's Junior Staff, in general meetings and through their Committee, have responded with remarkable unanimity to these proposals, and I would be grateful if you would allow me to outline their views.

1. They welcome the prospect of improvements in postgraduate education. However, a degree of hypocrisy is suspected when it is clear that no further funds will be forthcoming from the Exchequer; what was called "service" yesterday may be "training" tomorrow.
2. If the system of postgraduate training is to be advanced, then they expect this to be guided by men involved and experienced in such training. The G.M.C., which will actually control it, is obviously ill-suited to the task. The new "Central Council for Postgraduate Medical Education", which will theoretically control it, includes among its 46 members, no less than nine who, like the Chairman, are appointed by central or local government. This contrasts with the two seats allotted to each of the Royal Colleges of Physicians and Surgeons, and the two seats "recommended" for the regional consultants who will carry out so much of the actual training.
3. It is possible that the most important rôle will be that of "Specialist-Boards", the composition and powers of which must be carefully examined. As educational bodies, they should be wholly professional and independent. If they are to become the committees which control the admission of individuals to the specialist register, they should have freedom to interpret the requirements of specialist registration flexibly and sensitively. Formal training programmes may be desirable, but no element of compulsion should be present. The "seven year plan" of Todd was a suggestion, and not a particularly good one, it must certainly not become a strait-jacket. With further development of the College schemes, the "Boards" and Specialist Register would be unnecessary.
4. It is rumoured that the G.M.C. sees specialist registration as "informative and indicative, rather than restrictive". So do most doctors, but it would be reassuring to know that this is the official view of the G.M.C. and the Minister.
5. The annual retention fee demanded by the G.M.C. is only relevant to this discussion in that the manner in which it has been imposed, reflects the worst fears about future relationships between the G.M.C. and doctors. Several groups, including some at Guy's, have threatened to withhold this fee, as their only means of sanction of a body which threatens to dominate their future. In its present form, this same body shows no evidence of being conscious of, or sensitive to, the opinions of the profession it may come to control.

There are, of course, many other aspects of the proposals on which views have been expressed, but I have confined this summary to points of major importance. It must be emphasised that the anxiety of junior staff regarding these proposals is real and widespread, and not confined to the more "vocal" groups who naturally gain prominence. If these proposals are not modified, or freedoms defended, then the case for more positive action will no doubt be considered. This Committee has meanwhile informed the appropriate institutions and persons of its anxieties. We believe that it is the whole standard and professional status of medicine in this country which is now at stake.

Yours faithfully,

BRENDAN HICKS,
Secretary, Guy's Junior Staff Committee.

Guy's Hospital,
London, S.E.1.

Hair at Guy's

SIR,—I was somewhat disturbed by your editorial in which you criticised the "mixture of leather, denim and hair" which you see " limited almost entirely to the pre-clinical students". It is important not to stir up animosity against any group of people who are in a minority, and I think your remarks are likely to do precisely that. There is no suggestion that these students have been known to indulge in any of the vices, if that is the right word, normally associated with long-haired, etc. individuals.

Are you so sure that these students upset the patients? What exactly constitutes "long hair"? Do you advocate an inspection of students (perhaps male and female), and an order to have a haircut if the hair is longer than . . . what? Personally I envy anybody who is able to grow hair on the scalp, and my own reaction to two of the long-haired students was "Which of them, the red or the black, would I choose to act as Jesus in a Passion Play?" May I add that I saw one of them most solicitously looking after a physically handicapped girl at one of the performances of "The Fire-raisers" at the last Theatre Club production. I thought his whole behaviour indicated that he would make a good doctor in at least one important respect.

Yours faithfully,

J. JOSEPH.

Anatomy Department,
Guy's Hospital Medical School,
London Bridge, S.E.1.

THE WILLS LIBRARY,
GUY'S HOSPITAL,
LONDON, S.E.1

SIR,—With regard to your editorial, "Hair at Guy's", we would feel uneasy were it to pass without some comment.

It is clear to us that your approach to the subject is in many ways a very limited and narrow-minded one. Perhaps this is not altogether surprising when one considers the lack of contact between pre-clinical students and those in the later stages of their medical training; nevertheless, we would not have expected such an approach from the editors of a magazine which we feel should of necessity represent the whole student population.

Long hair has become, for some, a popular symptom of degeneracy. This in itself, although sad, is not extremely upsetting; the majority of people to whom it applies are those who rely on the newspapers and other mass media for their daily opinions and attitudes It is, however, extremely upsetting to see this kind of attitude prevalent in those soon to inherit the medical system. Mentally sectioning-off incomprehensible individuals into groups and applying the appropriate label ("Hippy movement", "Hell's Angels", "King's Road") is a very easy form of attack. The arguments have been heard already, and few thought processes are involved. Again we must stress our concern at the superficiality of consideration shown by the editors of this magazine.

Your editorial seems completely to have neglected the whole aspect of change within a system. We are not among those who would condone change simply for the sake of change, but by the same token we would strongly resist the upkeep of tradition for its own sake. At this moment in time it is probably true to say that some patients associate long-haired medical students with groups such as those mentioned in your editorial, but the kind of people you criticise will soon comprise an intrinsic section of both doctors and patients. The education of the rest of society by the medical profession in scientific values and concepts has always existed and is, we feel, very important. Surely the introjection of social values and concepts into the medical profession is as necessary a process? The dangers in the self-isolation of the medical profession have already been stressed in a previous letter to this magazine, and further repetition of this idea would serve no purpose here; we therefore wish simply to voice our agreement on this point.

Possibly a contributing factor towards such mutual misunderstanding as exists is the lack of contact already mentioned; we would therefore welcome and encourage a breaking down of the barriers that presently exist between different clones of medical students. This process must by its very nature be a two-sided one—let's all get to know one another.

Yours in anticipation of better days.

STEPHEN CALLENDER.
CHARLES LACEY.

East Wing,
Guy's Hospital.

SIR,—Alluding to the "bunkum" in Passim of the last *Gazette*, we feel that in a hospital the only justifiable criticism of students' dress can come from patients, if it is distasteful to them. The possible meeting of patients and the pre-clinical students referred to in the Park, and the possible abhorrence of these students' dress is hardly reasonable ground for criticism. It seems very probable that this criticism is a personal one by people who are slightly less up-to-date in their dress. In a supposedly humanitarian profession there should perhaps be more room for tolerance and less for bigotry.

In consequence, the *Gazette* should applaud these students for bravery in bringing new fashions to Guy's, rather than criticise them. Alternatively the *Gazette* should start a fund to erect screens round a "Pre-Clinical" area of the Park!

Yours faithfully,

PADDY NEUSTATTER.
MIKE BAMFORD.

East Wing,
Guy's Hospital, S.E.1.

Retirement of Mr. L. H. S. Goodliffe

SIR,—Mr. L. H. S. Goodliffe will retire on 30th September, 1970, after nearly 50 years of devoted service to Guy's. Contributions to a presentation, which will be made at the Biennial Dinner on 2nd October, 1970, should be sent to me and should not normally exceed £3 3s. 0d. Cheques should be made payable to Guy's Hospital Medical School.

Yours faithfully,

J. C. HOUSTON, Dean.

Medical and Dental Schools,
Guy's Hospital, S.E.1.

Castaway ?

SIR,—The sports editor is not quite right when he says that the Boat Club could not find a boat for our new Castaway Ball. We would not have gone ahead with the considerable expense of advertising if we did not have one. The trouble arose because the paddle steamer "Princess Elizabeth" was delayed coming round from Southampton, by the recent gales. This put her refit so far behind schedule that she would not have been ready for 6th June. No other boat would have been suitable. The response to the Castaway was such that we will almost certainly try again next year.

Although Sports Day has died, the Boat Club is having a regatta on the afternoon of 6th June, at the University Boathouse at Chiswick. There will be a variety of races for members both past and present. We hope that we will see as many people as wish to have an enjoyable time on, at, near or in the river.

Yours sincerely,

PETER HUNT,
Captain, Guy's Hospital Boat Club.

East Wing,
Guy's Hospital, S.E.1.

Is This A Record?

SIR,—I am sure many people at Guy's must be realising what a great deal of time is lost in ineffectual telephoning. I wonder if the following experience is a record. In obtaining a local number this afternoon I had (1) a crossed line; (2) a wrong number; (3) no reply; (4) interruption by buzzing; (5) no reply,—hence I had probably a second wrong number; (6) success at last. The total time occupied, 10 minutes for business which took 30 seconds. I realise this has no reflection on our local switchboard but I think that details of this kind should be brought to the attention of the G.P.O. in the rudest possible terms.

Yours sincerely,

ROGER WARWICK.

Anatomy Department,
Guy's Hospital Medical School,
S.E.1.

Reunion in Melbourne

SIR,—We have recently held a successful Guy's reunion in Melbourne with Mr. T. L. T. Lewis and his wife as our guests of honour, and it has been suggested to me by John Boger in Sydney that as they, too, have had a reunion with Mr. Lewis, a note in the *Gazette* about them would be of interest to your many readers at home and abroad.

In Sydney those present were: Michael Blunt, 1944, Professor of Anatomy; Michael Stone, 1951, G.P.: Osler Thomas, 1949, E.N.T. Surgeon; John Boger, 1955, Dept. of Health; Derek Harris, 1952, G.P.; Peter Cook, 1953, G.P.; Doug. Keller, Urologist; Bob Webb, 1951, Psychiatrist. ;

Apologies were received from David Hendrick, 1966, Medical Registrar; Tony Orsmond, 1955, Psychiatrist; Graham Fish, 1955, G.P.; Derek Dodshon, 1953, G.P.; Gwilym John, 1953, G.P.

There are quite a lot more Guy's men in N.S.W., but being so much larger than the British Isles in area, the transportation problems are correspondingly greater. Victoria is a lot smaller, and our furthest attenders came from Ballarat and Wonthaggi. Present were:—Tony Atkinson, 1955, G.P.; Graham Bury, 1960, Paediatrics; John Garner, 1955, G.P.; Mark Lindsey, 1933, G.P.; Duncan Mansie, 1962, G.P.; Michael Shields, 1962, Surgeon; Brian Doran, 1936, Dept. of Health; Bob Clayton-Jones, 1957, G.P.; John Forster, 1933, Anaesthetics; Paul Large, 1943, Surgery; Max Lindsey, 1958, Anaesthetics; Iain McMillan, 1952, G.P.; Bill Tweed, 1951, Obstets. and Gynae.; Peter Brookes, 1958, G.P.

George Thoms and Graham Syme, who have spent time at Guy's, but are Australian graduates like Doug. Keller in Sydney, were both very pleased to come along, and spoke warmly of their short times at Guy's.

Apologies were received from:—Austin Doyle, 1946, Professor of Medicine; John Apted, 1947, Dermatologist; Evan Morgan, 1957, Anaesthetist; Victor Morse, 1945, G.P.; Robert Strang, 1940, G.P.

We were all sorry that Mr. Batchelor's visit was so short that we were unable to fix anything up, but a few weeks ago a few of us were pleased to meet Mr. Lawrie and his wife, who were here for the Congress of Paediatric Surgeons. A small cocktail party had been arranged by Mr. Hossack, who had attended the Guy's course for the F.R.C.S. some years ago.

It is always a great pleasure for us to see visiting members of Guy's, and I should have said that on these occasions all our wives were present, and many of them come from Guy's, too. To add to our recent meeting was the excellent collection of colour slides of Guy's personalities, and the new and old buildings, which Mr. Lewis brought along. These were greatly appreciated, and we thank him very much.

Next arrivals please let us know in good time, and we shall meet again.

Yours faithfully,

BILL TWEED.

37, Fernhill Road,
Sandringham, Victoria, 3L91.

SPORT

SPORTS COMMENT

THE RUGBY CLUB A.G.M.

It was with some sadness that the club heard that its President, Mr. Batchelor, was contemplating retiring in favour of a new man. He has for many years been such a dedicated follower of the first fifteen, running the touch at home fixtures as well as travelling to see them play away. Also he has been a great source of advice and help to the club at times of need. The Rugby Club, as a whole, expresses its gratitude for all his efforts on its behalf.

The new President elected, was Dr. Stafford-Clark, who also has been an ardent supporter of the 1st XV for many years, and will, no doubt, be a worthy successor to Mr. Batchelor.

The 1970-71 captain is T. Fallowfield, last year's 2nd XV captain and captain of athletics. Best wishes are sent to him for the coming season with all its difficulties.

Dr. I. Baker was elected to the position of Rugby Club Secretary, a role which is intended to be relatively permanent, and to be essentially a co-ordinator of the many facets of the club.

THE INTER-HOSPITALS STROLL

Although Guy's didn't win this gruelling walk, it was won by a St. George's runner, we got two walkers (runners) coming home at 15th position. They were Tony Fallowfield, the athletics captain, and Barry Jones ,the hospital's half-mile runner. It is no mean achievement to run 27 miles without stopping!

GUY'S HOSPITAL REGATTA

This year, for the first time, there will be a Hospital Regatta on the 6th June, at Chiswick. There will be events between old members, present, crews and Presidents. Spectators are always welcome, so if it is a fine afternon, why not go down and spend a pleasant afternoon by the Thames.

BOAT CLUB

The important events of the summer term, the U.H. Bumps and the U.L. Summer Regatta, were both held within the same week. Guy's have been running five crews. The first was a senior one with our University, and experienced members, most of whom seemed to land up on stroke side.

The second eight was a Junior crew, containing six former first eight members, but in a new order making it difficult for the new stroke, Peter Stevenson-Moore. The third was a novice crew containing the new oarsmen from last year. They relied heavily on the experienced stroke of John Dalziel.

The fourth crew were the novices of this year, well organised by Charles Pugh, and the fifth was a rugby crew.

The three middle crews all rowed at Hammersmith on the 2nd May, and gained valuable experience even if with no success. A very pleasant time was had lazing about in the sun in between races.

The 4th, 5th, 6th May were the nights of the Bumps, where all the crews improved rapidly with the regular racing. The first crew started 3rd and rowed over at that on the first night. On the second night Bart's bumped them! Guy's just failed to get their revenge on the third night.

The second crew, starting seventh, thought they bumped Westminster I; they knocked the bobble off and were so sure that they even stopped. Westminster amazingly refused to accept the bump and Guy's were promptly bumped by Bart's II. However, Westminster were over-bumped, and so perhaps rightly started beneath Guy's on the second night. Guy's rowed well on the last two nights and, although strongly challenged, held off well to row over.

The third crew rowed well to hold their position of thirteenth on the first night, and to bump the last two nights. The fourth crew, a new entry, did exceedingly well to bump all three nights. This was made somewhat easier by the crew ahead not always being on their stake. They had the right idea, for to bump early saves the agony of a row over.

The fifth crew was sometimes barely visible through the cloud of spray engulfing the boat like a halo. Though residing towards the end of the fleet, they enjoyed it all immensely, as did all the crews in the fine weather.

THE U.L. SUMMER REGATTA

The Bumps are a somewhat chancy affair and cannot be as serious a business as the true racing at the U.L. Regatta. We entered six events out of the seven possible and won through to the finals of no less than five. Yet the extra something was lacking and we had to be content with being runners-up in each.

The first eight gained revenge on Bart's in a thrilling race which they won by only half a canvas. In the final they came up against a very well-trained Mary's crew and although trying hard came in three lengths down.

The second crew came up against Bart's II in the final and only failed by a length to win. The third, novice crew pushed an I.C. crew exceedingly hard to finish only three feet down. The fourth crew in the other half of the draw came up against the same I.C. crew in the final where they only went down by a length. A remarkable achievement considering their inexperience.

The middle four of the second crew decided to have a go in the restricted fours event. They were soon not too sure of the wisdom of this when they found themselves racing against the first of the new tide and two other crews who kept challenging their early lead. They just lasted out, but when they came to the final, just after their eights race, they went down to an experienced London Hospital crew by two lengths.

Tony Fenn, the power on bow side in the first eight, rowed with Wilkes from I.C., in the very hot competition of the coxless pairs. If it was not for rowing in the eights right before, then he might well have won his final. We are very grateful to him for rowing with us whilst in the middle of U.L. training.

Why then no pots? The answer is fairly simple. A little bit more commitment and resolve in training, with more water work, is essential. A rowing crew, if any good, has to be more of a team than in any other sport. Each member of a crew must realise the responsibility to the other crew-members, Guy's crews come together too late and too casually. By the time they get going it is too late. A little bit more energy would bring the rewards and satisfaction right there. Everybody throughout the club can see this now. Let us hope they can act on it.

Crews : First Bow, M. Gleeson; 2, P. Moulder; 3, K. Thompson; 4, C. Collis; 5, A. Fenn; 6, N. Bax; 7, G. Taylor; Stroke, J. Miller; Cox, R. Ashman.

Second Bow, M. Gross; 2, M. Denyer; 3, G. Moulding; 4, D. Preston; 5, J. Davies; 6, P. Hunt; 7, R. Pinckney; Stroke, P. Stevenson-Moore; Cox, F. Moorhouse.

Third Bow, J. Monson; 2, N. Hopkins; 3, R. Newton; 4, T. Barnes; 5, D. Palin; 6, J. Ogle; 7, H. Fuller; Stroke, J. Dalzeil; Cox, R. Stanley.

Fourth Bow, J. Taylor; 2, C. Howard; 3, R. Elliot; 4, M. Thomas; 5, G. Bergman! 6, —; 7, C. Price; Stroke, C. Pugh Cox, P. Powell-Jackson. ;

Fifth Bow, H. Fleet; 2, C. Ryan; 3, P. Boyce; 4, A. Royston; 5, P. Watkin; 6, D. Gatland; 7, K. Rigg; Stroke, M. Epsom; Cox, K. Blackwell.

ATHLETIC CLUB

THE 54th UNIVERSITY OF LONDON ATHLETIC CHAMPIONSHIPS

Motspur Park, Friday and Saturday, 24th and 25th April, 1970.

Guy's, fielding an enthusiastic but somewhat weakened team, as once again the championships clashed with the Middlesex Rugby seven-a-side competition, retained the Roseberry Championship Challenge Cup (men) for the sixth consecutive year. The Sherwood Challenge Cup (women) was not, however, retained, despite the gallant efforts of Ros Dow, who was the sole representative of the hospital's ladies' athletics club, distinguished herself by winning her three events, thereby ensuring third place behind the Royal Holloway College and Imperial College.

Once again it wasn't a question of many outstanding individual performances which won the trophy, but a sustained all-round participation by every member of the team. Special mention must, however, be made to the performances of four athletes, Kevin Sommi in his second season running for Guy's won the 100 metres and was unlucky not to take the 200 metres as well. The gusting wind, heavy showers, and sodden track precluded fast times, but Kevin was awarded a University of London Athletic Club place in the 100 metres in their match against Paris. Ian Morgan once again showed his mastery by winning the 200 metres hurdles and Mike Wink beat off all adversities to surprise everyone by finishing second in the high jump. The most noteworthy achievement of the afternoon was made by a freshman, Kevin Sheppard, who humbled his opposition in the javelin by throwing a prodigious 193ft. 1in. As a representative of the Great Britain Youth team, Kevin has thrown over 220ft. and must surely have a great future in this event.

Sound performances by Roger Blackwood (triple jump), Kevin Sheppard (Discus), Tony Fallowfield (800 metres and shot), Barry Jones (800 metres and long jump), freshman Les Ross (800 metres) and Richard Walsh (triple jump, long jump and 200 metres hurdles) emphasised the value of all-round strength in producing a winning team performance.

R. J. WALSH

Inter-Hospital Fixtures

v. LONDON HOSPITAL

Wednesday, 6th May. Honor Oak Park.

Won 60—45 points.

It was a beautiful summer afternoon when the competition was held. The sky was perfectly blue and the track was unfamiliarly hard. The pity was that so few athletes actually turned up. However, even with so few people, Guy's well trounced their opposition in all departments.

In the track events, I. Morgan won the 100 metres and 400 metres with consummate ease. T. Fallowfield won an energetic 1-mile event and B. Jones burnt round the ½-mile to win that.

The field events were not so easily won, but Guy's performed well to achieve the greater points score.

On such a fine afternoon it was truly surprising that many other budding athletes do not come down to H.O.P. and at least enjoy the sun.

v. MIDDLESEX HOSPITAL

Wednesday, 13th May. Paddington.

Won 65—49 points.

Once again it was another beautiful afternoon. The Middlesex turned out quite a strong team at their home ground. The track was cindered and with the warm weather, some good times were expected.

I. Morgan again won the 100 metres and the 400 metres and would have won the 200 metres, but had to leave before the event. B. Jones easily won the 800 metres as did Fallowfield in the 1,500 metres.

In the field events, M. Wink won the high jump, and R. Walsh, in his last jump, won the triple jump. In the remaining events Guy's obtained the valuable points by worthy efforts of the members of the team.

Fixtures for remaining Athletic Season

Wednesday, 20th May.—Middlesex v. King's. H.O.P.
Wednesday, 27th May.—St. Thomas's. Cobham.
Saturday, 6th June.—U.H. Championship. Motspur Park.

CRICKET

1st XI Cricket Fixtures

Saturday, 23rd May.—Dragonflies, 11.30 a.m. Honor Oak Park.
Monday, 25th May.—Crofton Park, 11.30 a.m. Away.
Tuesday, 26th May.—Incogniti, 11.30 a.m. Honor Oak Park.
Saturday, 30th May.—Dover, 2 p.m. Away.
Sunday, 31st May.—Higham Court, 11.30 a.m. Away.
Saturday, 6th June.—Past v. Present, 2.30 p.m. Honor Oak Park.

HOCKEY REPORT, 1969-70

This has proved to be a really great season for the first team, ending with longed-for successes in the Hospitals and University cups.

The season got off to a good start and in the first half of the season we had only lost one match. In this half of the season the team played together well, but we failed on several occasions to complete good mid-field movements by not ensuring a shot at the goal.

However, in the second part of the season the forwards worked together well, and by the semi-finals of the cup matches the team was functioning at its best. This form was maintained until the end of the season.

Our achievements this season include the winning of the London University Hockey Cup, which was achieved by beating Woolwich Polytechnic in the final at Motspur Park. Also we shared the Hospitals Cup with St. Thomas's Hospital after a replay and extra time.

As usual, over the Easter week-end we took part in the Folkestone Hockey Festival. This was much enjoyed by everyone. This year was a special year for the Guy's team at Folkestone as it was the 85th time we had been invited. Only about twenty clubs have achieved this, and to mark the occasion we were presented with the Golden Pin at the captain's reception.

This is the last season for a number of the team who have now been playing for Guy's for five and in one case six years. I feel sure that it has been our combined team play rather than our individual skills which has brought us success.

We are grateful to Mr. K. Lockhead for his coaching and his advice on many occasions during the season, and also for the support of our president and our vice-presidents at the important matches.

M. VELLACOT.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL MEDICAL SCHOOL, LONDON BRIDGE, S.E.1.

Applications are invited for the post of **Senior Lecturer** *in the Physiology Department.* Preference will be gven to applicants with experience outside the fields of nutrition and alimentary physiology. The person appointed, who need not be a medical graduate, will be expected to extend the range of activity of the department. Salary on scale £2,770—£3,670 plus £80 London Allowance (both currently under revision), with superannuation. Closing date for *applications* **15th June, 1970**. *Applica*tion forms obtainable from the Dean.

GUY'S HOSPITAL MEDICAL SCHOOL, LONDON, S.E.1.

Applications are invited for the post of wholetime **Senior Lecturer** in the Department of Anaesthetics (Honorary Consultant to Guy's Hospital) with duties to commence as soon as possible. The duties will include clinical work as well as teaching and will provide opportunity for research. Salary scale £3,470—£5,275 and superannuation. Forms of application may *be obtained from the Dean,* Guy's *Hospital* Medical School, London Bridge, S.E.1 and should be returned not later than **12th June, 1970.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of **Pre-Clinical Tutor,** with duties commencing on 1st October, 1970 and appointment until 30th September, 1971 in the first instance. Forms of application are obtainable from the Dean, Guy's Hospital Medical School, and should be returned not later than **1st June, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of **Temporary Senior Registrar/Registrar** in *Surgery for the period 29th June to 30th Sep*tember, 1970. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **29th May, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of **Registrar** in Diagnostic Radiology with duties to commence as soon as possible and appointment until 30th September, 1970 in the first instance. Applicants should hold the D.M.R.D. and a higher medical or surgical qualification would be an advantage. Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, London, S.E.1 not later than **27th May, 1970.**

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invites applications from registered dental practitioners for the appointment of **Registrar/ Demonstrator** in Oral Surgery with attendance on three sessions per week for the period 1st July to 30th September, 1970 in the first instance. The post will be subject to the Terms *and Conditions of Service of Hospital Medical* and Dental Staff in the National Health Service. Forms of application are obtainable *from* and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **12th June, 1970.**

THE NEUROSURGICAL UNIT OF GUY'S, MAUDSLEY AND KING'S COLLEGE HOSPITAL

Applications are invited for the resident post of **Senior House Officer** for six months commencing 1st August, 1970. The Unit which is housed in the Maudsley Hospital, serves Guy's Hospital, Bethlem Royal Hospital and the Maudsley Hospital and King's College Hospital. *Applications* giving details of experience and the names of two referees, should be made by **13th June, 1970** *to* L. H. W. *Paine, Esq.,* House Governor and Secretary, Maudsley Hospital, Denmark Hill, London, S.E.5.

GUY'S HOSPITAL

HOUSE APPOINTMENTS

JUNE 1st, 1970

House Physicians

Dr. Mann, Dr. Scott and Dr. Clark	Mr. D. R. Elliott *3 months* Miss Y. F. S. Glen *6 months*
Dr. Hardwick, Professor Trounce, Dr. Cameron and Dr. Ogg.	Mr. G. B. Hey *3 months* Mr. G. C. Voss *6 months*
Dr. Houston, Dr. Knight, Dr. Deuchar and Dr. Grimble	Mr. R. J. Jacoby *3 months* Mrs. A. Soul *6 months*
Dr. Kauntze, Dr. Joiner and Dr. Burry	Mr. G. M. Cochrane *3 months* Mr. M. H. Faulkner *6 months*
Professor Butterfield, Dr. Lessof and Dr. Grahame	Mr. C. R. A. Clarke *3 months* Mr. H. J. H. Williams *6 months*

House Surgeons

Professor Sir Hedley Atkins	Mr. J. H. Pitt-Payne 6 *months*
Mr. Blackburn	Mr. P. G. P. Lawler 3 *months*
Mr. Lawrie	Mr. A. H. Chalmers 6 *months*
Mr. Glover	Mr. D. S. Briggs 3 *months*
Mr. Beard	Mr. W. H. Franklin 3 *months*
Mr Maynard	Mr. M. M. Henry 6 *months*
Mr. Ellis	Mr. E. J. Will 3 *months*
Mr. O'Flynn	Mr. M. F. Shiu 6 *months*

G-ARAZ
Brockbank

MERELY MORTAL

Horrible things only happen to other people–or do they? We have plenty of people on our books who turned out to be mortal after all, even though they were students at the time. Some of them will never work again. But they were wise enough to take out a Foundation Policy. It didn't cost them much (just £4.0.0 a year) and now we are paying them a regular monthly income and will go on doing so either until they are fit or until they reach the age of 65, whichever is the earliest. Isn't it time you realised that everybody is merely mortal – including you? Post the coupon for details of our Foundation Policy.

The Medical Sickness Society

P.O. Box 449, 7/10 Chandos Street,
Cavendish Sq., London, W1M OAD.
Tel: 01-636 1686 (15 lines)
01-636 4158 (24 hour answering service)

Please send me without obligation particulars of the Foundation Policy.

Name ______________________

Address ______________________

____

Date of Birth ______________________

(Post in a sealed envelope bearing 4d stamp and marked CONFIDENTIAL)

5039

House Surgeon to the Breast and Plastic Surgery Units

Mr. D. F. A. Richards
3 *months*

Gynaecological House Surgeon

Mr. I. V. Jones
3 *months*

Throat and Ear House Surgeons

Miss C. A. McCarthy
3 *months*
Miss S. F. O. Dowling
6 *months*

Orthopaedic House Surgeons

Mr. M. Horrocks
3 *months*
Mr. D. A. Curson
6 *months*

Genito-Urinary House Surgeons

Mr. P. Sweny
3 *months*
Mr. P. J. Davenport
6 *months*

Children's House Physicians

Mr. N. B. M. Pereira
3 *months*
Mr. N. P. C. Cavanagh
6 *months*

House Physician to the Radiotherapy and Endocrine Departments

Mr. I. J. Morgan
3 *months*

Casualty Officers

Mr. D. Kelleher
3 *months*
Mr. J. G. Payne
3 *months*
Mr. B. Pentlow
3 *months*
Mr. J. Silverton
3 *months*
Mr. I. V. Whitmore
3 *months*
Mr. J. Wyllie
3 *months*
Vacant
6 *months*

Resident Obstetricians

Mr. S. C. Davoodbhoy
3 *months*
Mr. J. Grabinar
6 *months*

Neurological House Physician

Mr. G. D. Schott
3 *months*

Dermatological House Physician

Mr. R. J. Eady
3 *months*

House Physician in Child Psychiatry

Mrs. J. S. Maxmin
3 *months*

House Surgeons to the Thoracic Unit

Mr. A. A. Strachan (S.H.O.)
3 *months*
Mr. N. J. Lattimer
6 *months*

House Physician in the Department of Psychological Medicine

Mr. S. O. Okpaku	1.4.70—30.9.70
Miss R. Seifert	1.4.70—30.9.70

Resident Anaesthetists

Mr. G. Corbett
3 *months*
Mr. R. S. Parsons
3 *months*
Miss A. Moore
6 *months*
Mr. R. L. Shanson
6 *months*

Senior House Officers to Nuffield House

Mr. J. B. Kelynack
3 *months*
Mr. R. E. Cowan
6 *months*

Children's House Physicians at Evelina Hospital

Miss E. E. Fonseca	1.2.70—31. 7.70
Mrs. G. M. Baird	1.4.70—30. 9.70
Mr. D. C. Siggers	1.6.70—30.11.70
Miss R. P. Doody	1.8.70—31. 1.71

Casualty Officers at Evelina Hospital

Mr. I. Peek	1.2.70—31.7.70
Mrs. A. McPherson	1.3.70—31.8.70

ST. OLAVE'S HOSPITAL

House Physicians:
Mr. P. McK. Hudson
3 *months*
Mr. K. R. Stewart
6 *months*
House Surgeon:
Mr. R. E. J. Lee
6 *months*
Senior House Surgeon:
Mr. G. P. Gay
6 *months*
Gynaecological House Surgeon:
Mrs. P. V. Subramanyam
3 *months*
S.H.O. in Psychiatry:
Mr. N. Farhoumand
3 *months*

NEW CROSS HOSPITAL

House Physicians in General Medicine and Geriatrics:
Miss C. J. Spurlock
3 *months*
Mr. M. N. Clark
6 *months*
Orthopaedic House Surgeons:
Mr. S. S. Mann (S.H.O.)
6 *months*
Mr. R. S. Trompeter
6 *months*

Senior House Officer to Rehabilitation Unit:
Vacant 1.7.70—31.12.70

BECKENHAM HOSPITAL

House Physician:
Mr. R. B. Plummer
3 *months*

House Surgeon:
Mr. D. A. Baker
3 *months*

LEWISHAM HOSPITAL

House Physician to Dr. Price:
Miss J. R. Harlock
6 *months*

House Surgeon to Mr. Lynn Evans:
Mr. M. E. Denyer
6 *months*

House Physician to Dr. Roberts:
Mr. M. J. Fortune
6 *months*

House Surgeon to Mr. Ivo-Smith:
Mr. M. D. Boll
6 *months*

DO YOU SUFFER?

Do you wake up every morning with that Monday feeling? A feeling of frustration and anxiety that comes with worry about personal problems and ailments?

We cannot help you, we wouldn't know where to start, we leave that to the consultants, doctors and nurses of Guy's.

But if your problem is printing, then we do claim that we can cure most of your worries. Just consult us . . .we may be able to help!

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3 months
House Physician to Dr. Llewellyn-Smith:
Appointment made by Lewisham Hospital
3 months
House Surgeon to Mr. Le Brun:
Mr. J. F. Dufton
3 months
House Surgeon to Mr. Cavendish:
Mr. F. O. Nwator
3 months

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases:
Miss C. E. Ross
3 months

MILLER HOSPITAL

House Physician to Dr. Hartley and Dr. Bassadone:
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3 months
Mr. W. J. Owen
6 months
Mr. D. B. Silk (S.H.O.)
3 months
House Surgeon to Mr. Candy, Mr. Gwynne Evans and Mr. Gardiner:
Mr. M. A. Knight
6 months
House Surgeon to Mr. O'Flynn and Mr. Fyffe:
Mr. M. E. Worby
6 months
House Surgeon to Mr. Candy Mr. Williams and Mr. Park:
Mr. W. G. Sherwood
3 months

ORPINGTON HOSPITAL

House Surgeon with Physical Medicine:
Mr. R. D. G. Carmichael
6 months
House Surgeon with E.N.T.:
Mr. M. J. Hawkins
6 months
House Surgeon with Orthopaedics:
Mr. D. J. Lipscomb
6 months
House Surgeon with Ophthalmology to *Mr. Walker Brash and Mr. Chivers:*
Mr. P. L. Amlot
3 months
House Physician to Dr. Southwell and Dr. Williams:
Appointment made at Orpington Hospital
3 months

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson and Mr. Lavy:
Mr. A. C. L. Fraser
3 months
Mr. J. A. R. Pook
6 months
House Physician to Dr. Miller and Dr. King:
Mr. M. J. H. Hillier:
3 months
Mr. J. F. Hill
6 months

ST. HELEN'S, HASTINGS

House Physician:
Miss A. M. Tihanyi
6 months

ST. JOHN'S, LEWISHAM

House Physician:
Mr. T. Treasure
6 months

ST. NICHOLAS, PLUMSTEAD

House Physician to Dr. Scott:
Mr. J. B. Bingham
6 months

P. J. HELLIWELL,
Superintendent

6th May, 1970.

PASS LIST

UNIVERSITY OF LONDON

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PRIZE LIST

Guy's Hospital Physiotherapy and Radiography Association

On Friday 8th May, 1970 the Annual Meeting of the G.H.P.R.A., was held in Shepherd's House, and was attended by 120 members and Final year students.

The following prizes were presented:—

The Angove Memorial Prize (Physiotherapy)

Mrs. W. A. Cliff

The Trethowan Memorial Prize (Physiotherapy)

Miss G. Wilcox

The MacTier Memorial Prize (Physiotherapy)

Miss J. A. Hudson

The Carter-Braine Prize (Radiotherapy)

Miss P. F. Drew

The Shenton Prize (Diagnostic Radiography)

Miss W. Dixon

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Sir John Croot, C.B.E., F.R.C.S., 29, Knole Road, Devenish Road, Sunningdale, Berks.

BIRTHS

EDGAR—On 14th April, 1970, to Anthea (née Sutton) and Ashley Edgar, a son, Nicholas.

HUGHES—On 24th April, 1970 to Coral (née Whittaker) and Richard Hughes, a daughter Polly Nicola.

THOMSON—On 24th April, 1970 to Adrian and Janet Thomson, a son, Stuart Colin Gordon, a brother for Samantha and Joanna.

VERNON—On 26th April to Gilian (née Greensmith) and Michael Vernon, a daughter, Clare Isabelle, sister for Sarah Jane.

CORRECTION

E. R. Tanner's book review "Incontinence some problems, suggestions and conclusions," in *Gazette* 9th May, 1970. Price should read 15s. 6d., not as quoted.

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We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

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GUY'S HOSPITAL GAZETTE

EDITORS R. S. TROMPETER and S. M. KILPATRICK
SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2136

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Conscience or Complacency

That the Casualty Department of a London Teaching Hospital has to close its doors to the public is both incongruous and a reflection of the basic misunderstanding of the underlying problems in our health service. The shortage of medical staff, which forces this situation, is an example of the inept staffing structure of the N.H.S. This, together with the inadequate facilities of many hospitals, predispose to those grievances and discontentments currently so acrimoniously voiced by the Junior hospital doctor.

It is surely obvious to the Councils, Committees and Associations who represent and safeguard the interests of the members of the medical profession at all levels, that discrepancies of a large order exist in the supply and demand in hospital staffing. Covering this problem with an all-round blanket of wage increases may assuage the layman into believing that the doctors' wounds are healed. This false security will never improve the hospital services. The medical schools, encouraged by political noises, have steadily increased their intake of students, eventually producing too many doctors for too few pre-registration posts.

The present system of allocating or "looking-for" pre-registration house appointments is fraught with difficulties, enough to disillusion the newly-qualified particularly in that period of limbo following finals. It is an unfortunate system that does not allow every student at least one house-appointment in his teaching hospital, or associated group hospital. Allowing for those academically more talented than their contemporaries, the quota of prestige appointments is soon filled. The remaining applicants are forced to search through the advertisements in the B.M.J. or, at Guy's, seek the sympathetic services of the Appointments Bureau. The shortage of "link" hospitals with the same status as teaching-hospital appointments results in the majority of newly-qualified doctors starting their professional career without the weight of a teaching-hospital appointment behind them. The foundation of a sound health service is to give the best treatment to every patient, therefore should not every doctor receive the best training throughout his period of apprenticeship? If prejudice exists in the suitability of pre-registration "jobs", which may have a profound effect on the future career of a hospital doctor, it must be rapidly dispelled, however ill-founded.

Consultant Appointments

We offer congratulations to the following Guy's men who have been appointed to consultant posts:

Mr. J. C. Bull, M.B. Lond., F.R.C.S., Consultant Surgeon, Redhill and Netherne Hospital Group.

Dr. R. D. Hill, M.B. Lond., M.R.C.P., Consultant Physician, Bournemouth and East Dorset Group.

Dr. I. Vadasz, M.B. Lond., M.R.C.P., Consultant in Physical Medicine, Dartford Hospital Group.

GUY'S DIARY

JUNE

8	M	1.00	Clinical Lecture. Mr. YATES. *"Evolution of Open Heart Surgery."*
9	Tu	1.00	Clinical Lecture. Mr. BLACKBURN. *"Crohn's Disease."*
11	Th	1.00	Clinical Lecture. Professor P. TALAHAY, M.D., Director *of Pharmacology and Experimental Therapeutics at the* Johns Hopkins Medical School. "Design of Chemotherapeutic Agents: Past, present and future : Part I."
12	F	1.00	Clinical Lecture. Professor BUTTERFIELD.
		2.15	Combined Round in Pre-Clinical Classroom. "Thyroid Disorders." Chairman: Dr. LESSOF. *Speaker:* Mr. BLACKBURN.
15	M	1.00	Clinical Lecture. Mr. MORRIS. *"The Afterbirth."*
16	Tu	1.00	Clinical Lecture. Dr. STIMMLER. *"The Adrenogenital Syndromes."*
19	F	1.00	Clinical Lecture. Dr. BROCKLEHURST. "Mental Confusion."
		2.15	Clinico-pathological Conference in Pre-Clinical Classroom. "Fatal viral hepatitis." "Cirrhosis of the Liver and Malignant Hepatoma." Chairman: Dr. HOUSTON. *Speaker: Dr.* D. TURNER.

JOURNEY TO TEHRAN

by

Joyce Herbert

After his retirement, Professor W. E. Herbert was asked to spend one year as a visiting Professor to the new Dental School (opened 1965) of the National University of Iran at Tehran. The arrangements were made through the Ministry of Overseas Development, and it was decided to travel by car for the added interest of the journey.

A 1969 Hillman Hunter export model with some special modifications was purchased in May, 1969, and they set out in the late summer.

The following account of their journey is taken from a diary kept by Mrs. Herbert.

We left London on Tuesday, 26th August, and drove to Dover, crossing on the night boat to Ostend. From there we drove to Greece, passing through Belgium, Germany, Austria and Yugoslavia, and spent a week's holiday, 6th—13th September, at Kavala, which is a large town rather reminiscent of Torquay, with its steeply rising ground all round the harbour. It has a busy fishing port which provides plenty of activity to watch. It is said to be the place where St. Paul first landed in Europe in A.D. 49. About ten miles inland from Kavala is the site of Philippi, the most important city of ancient Eastern Macedonia, founded about 350 B.C. by Philip of Macedon, and surviving through Roman and Byzantine to medieval times. It was on the battlefield of Philippi that the forces of Octavius and Marc Antony opposed those of Brutus and Cassius in 42 B.C., and here also that St. Paul baptized Europe's first Christian, Lydia, the dye worker referred to in Acts of the Apostles, chapter 16, vv. 11-15.

We left Kavala on Saturday, 13th September, and continued our drive eastwards. This strip of Greece along the north side of the Aegean Sea is quite a fertile area. It is only about 20 miles wide and lies between the sea and the mountainous border with Bulgaria. We saw some cotton and a great deal of maize growing and other crops had obviously been harvested. The road was good on the whole and mostly very straight.

We passed through the Turkish customs without much fuss, only a lot of form filling—and almost immediately saw a group of camels and drivers. We wondered if they were there as a tourist attraction.

On 14th September we negotiated Istanbul. We had our usual difficulty in finding our way round. In spite of an A.A. road plan we could not find the Ataturk Bridge—we went round in circles, going through Topkapi gate twice. Some of the trouble was due to diversions for road making and the complete lack of signposts that can be understood by a foreigner. The traffic is appalling in the city—though hooting is said to be illegal everything hoots at everything else, especially at the pedestrians who dart in and out amongst the cars with reckless abandon. There are some traffic lights and a number of traffic police who add to the general cacophony by whistling loudly when they intend to alter their directions, or again if anyone does not obey their complicated hand and arm signals. There are literally thousands of taxis—denoted by black and white or black and yellow check bands on the body—some of which can be shared if they are going in your direction; they seat about 6-8 people. This sharing entails frequent stopping, accompanied by screeching of tyres and general hooting all round ! Some roads in Istanbul are quite wide boulevards, but between these are narrow, cobbled alleyways, occasionally very steep indeed, but if a car can be got up there it will be to the accompaniment of much hooting to persuade the pedestrians to walk on the even narrower pavements—if there are any at all. All these alleyways are filthy and very dusty.

The two bridges across the Golden Horn carry an immense amount of traffic. They are rebuilding the eastern end of the Ataturk Bridge, but at the Galata Bridge there is a fine subway for pedestrians at one end and two bridges at the other end to separate them from the continuous flow of traffic—mostly flowing but occasionally brought to a complete standstill when there is even more hooting and whistle blowing.

We had a two-hour sight-seeing tour by taxi around Istanbul, both European and Asian sides, which cost £5—not really worth it, but we had beaten him down from £7. We did not revisit any of the usual showplaces in Istanbul, but improved our knowledge of the geography of the city and explored some of its less salubrious areas.

On Tuesday, 16th September, we left Pera Palace before 8.30 a.m. to get to the docks in good time (boat said to be sailing at 10 a.m.). We found the docks with less than our usual difficulty and by dint of waving our envelope containing tickets (as we thought) were soon directed to the ship *Ege* (pronounced "eggy") and lined up the car to be hoisted on board. This was soon done and seemed quite skilfully so, but a Polish couple with whom we later shared a table in the dining saloon, had had their petrol tank damaged during this operation !

So far so good, but what we had not realised was that our reservation vouchers should have been changed for tickets at the Maritime Agency building about half a mile away!! We were told, "Hurry, you have 20 minutes before sailing." So we ran back asking all and sundry where this building was and at last found it disguised as a Bank (or so it seemed to us).

We got our tickets, but the car ticket was another matter. However, after much talk (unintelligible to us) a man still clutching our voucher, signed to us to follow him. Outside he hailed a taxi with only one person in it and we all piled into the back and were driven to the dock entrance and so back to our ship where, at another office, we were able to get the correct form ! And after all this hustle and bustle (overheating even at 9 a.m.) the ship did not sail until 12 noon.

The ship stopped at several places en route—on Wednesday, first at Sinop, 11 a.m.—12.45 p.m., and then at Samsun, 6.30 p.m.—9 p.m., both two hours later than schedules. Much unloading and some reloading at each place—(it seemed to be chiefly vodka and coca-cola).

We did not know how many "second class" and "tourist" passengers there were on this boat, but many people, often carrying their belongings in sacks or sewn up in old curtains, have got on and off. At Sinop we saw two chairs and an iron bedstead being carried down the gangway, and there were many ecstatic family reunions on the quayside.

We disembarked complete with car at Trabzon, where we and our Polish friends stayed the night at a small hotel. We left early on Friday, 19th September, hoping to reach Erzurum, 200 miles and two mountain passes away.

Unfortunately, shortly after stopping for lunch we were involved in an "incident" when a Muslim woman was slightly injured by our car. We had just passed her as we thought, when she jumped and hit the left rear part of the car. The next few hours were rather "nightmarish" though we can smile about them now.

Of course, we stopped—so did our Polish friends who were just behind us and saw exactly what had happened—so did an autobus coming in the opposite direction, which disgorged a lot of angry men. People came running from the village which we had just passed, including swarms of children. Of course, no one could speak any English (or any language except Turkish) but they made it pretty plain that we were not to move until the police came. The woman was not much hurt, but she was taken by a lorry to the next place, Bayburt, 12 kms. away, to see a doctor. We had to wait over three hours for the police to come (why, we don't know) and at times some of the people were rather aggressive and the children a great nuisance, swarming all round the car and even shaking it at times. Our Polish friends were very kind and shared our situation.

When at last the police came we had to drive to Bayburt, 12 kms. away (a small town), a policeman with a gun in each car. At the police station they were very polite and not at all aggressive—they apparently had had a doctor's report on the woman, who was more shaken than hurt, and two days' rest in hospital had been prescribed for her.

One police officer had a few words of English and from him we understood that we had to wait for the "Judge", but when he would come was another matter—"perhaps 6 o'clock, perhaps not until tomorrow". Suffice it to say that we had to spend the night in that place under police surveillance. Fortunately, the hotel was not too bad—no worse than the one in Trabzon—and in the morning we had a session at the Town Hall, first with a higher ranking police officer (we didn't understand a word of this) and then with the "Judge". He had no English, but a man who could speak French introduced himself as a lawyer, and our kind Polish friends explained to him in French exactly what had happened, and he relayed this to the "Judge" in Turkish.

In the end they took names and addresses from us and we had to sign a statement (in Turkish, but we made the lawyer tell us in French what it said) and we were told we could go "free". We gathered also that the woman was better and was not demanding any compensation.

You can imagine we got out of that place as quickly as we could and in the grand scenery of the next pass, Kopdagi, 8,000 feet, we gradually began to relax. We shall always be grateful to our Polish friends for sticking by us and doing most of the talking. They seemed to understand his broken English better than ours and of course his French was much more fluent.

We slept in a terrible "hotel" that night (Saturday, 20th September) but survived! Because of the delay occasioned by our accident we did not get to Erzurum until 3 p.m., and our Polish friends were anxious to push on. There was not time to reach another big place so we stayed at Horasan — to be avoided on our return journey. We left our hovel at 5 a.m. on a glorious Sunday morning, stopped by the river to wash (no water in the "hotel") and did not eat until 8 a.m. at Agni. It is not very pleasant driving in Turkey (Eastern part). Children are apt to rush at the car and everyone makes signs for cigarettes. Dogs always rush at the car and are quite difficult to avoid and get away from.

The scenery, however, is magnificent but barren; the hills are all brown—every imaginable shade from dun to purple. The villages are almost invisible, except for the trees growing round them, because the little houses are made of mud and the hay is stored on top.

We had wonderful views of Mount Ararat, a beautiful snow-clad peak towering above everything else. It seemed quite near the road which curves round its base.

We crossed the border into Iran at mid-day. The Customs proceedings did not seem to be too complicated or lengthy, and we were able to insure the car for third party risks immediately. Fifteen miles from the border, at Makoo, is an excellent new motel. Here we were glad to rest and have a good clean up.

On our first day's driving in Iran (Monday, 22nd September) we enjoyed the contrast with Eastern Turkey.

The recently asphalted road made the driving easier—the people seemed friendly—the women not always veiled but dressed in colourful garb—even the dogs did not rush at the car so viciously.

We reached Tabriz, the capital of Azarbaidjan in the North Western province of Iran by 1 p.m. and had lunch at the Hotel Metropole. We should have liked to stay the night there but our Polish friends wanted to go on to Mianeh (another 100 miles) where they were told there was a motel. We spent the afternoon sightseeing in Tabriz while the Poles waited for the insurance office to re-open (they had not obtained theirs at the border). We left Tabriz at 5 p.m. and had to do the last part of the journey in the dark. Previously we had always avoided this because of the hazard of unlit slow farm vehicles and animals—not to mention the holes in the road.

The motel turned out to be a roadside cafe of vast proportions where the long-distance buses disgorged their passengers for a brief stop. We had some food there and were then offered a bed in a "hotel" in the village about one mile away. This was not as bad as Horasan as there was running water to a wash basin on the landing but again the door had no lock and the bedding was not exactly fresh.

We left next morning (Tuesday, 23rd September) at 7.30 a.m., having had breakfast at the cafe.

The road was very good but more winding through gorges. We passed the remains of a very fine old bridge dating from the 15th century, the central portion was missing, some say washed away by flood water, some say blown up by Russians (quote from guide book).

We had an early stop for coffee at Hotel Bimeh Iran at Zenjan, which looked a first-class place, and said goodbye to our Polish friends who were pushing on to reach Tehran that night.

We turned off to look at "Sultaniyeh", about 25 miles on from Zenjan. This is one of *the* sights of Azarbaidjan; from a distance it is said to look like an egg in an eggcup because of its great dome—it was built as a mausoleum in 1304 A.D. and is all that remains of quite a large city. A small village now surrounds the building, which is being extensively restored. As we walked through the village, all the children came crowding round and we made quite a procession. We were conducted round the building by its keeper, and climbed many stairs to the gallery to examine the roof decoration and admire the turquoise tiles on the dome—many of them missing, unfortunately.

After this diversion we drove on towards Tehran, learning the Persian symbols for our numbers by the kilometre posts which gave both versions.

We reached Kazvin, 95 miles from Tehran, at 4 p.m. and decided to stay the night, not wanting to get to Tehran after dark. The motel we chose was not too bad—one of the beds in our room had a leg broken, so we had it changed, and a small boy was sent in to clean up the bathroom. Also there was no key for our door, but as we could sit and watch it while we were having dinner, we were not worried. Flies were rather troublesome (almost the first time) and our fly spray was empty !

On Wednesday, 24th September, we entered the last lap. The road was much worse than before, probably because there is now a "freeway" (charge 10 Rials) from Karadj into Tehran (25 miles), but we missed the entrance to it.

We got to Tehran about 11 a.m., but had our usual difficulty in finding the British Embassy or rather the entrance to it.

Traffic in Tehran is appalling—they drive so close, leaving only inches to spare—they pass on either side and weave in and out, hooting madly, and pedestrians dart between with extreme nonchalance. It is even worse than Istanbul ! When we did at last get to the British Embassy they told us we had been expected the day before !! However, they were quite friendly and welcoming.

We had been booked in at Hotel Marmar and one of the staff kindly gave us a lift there, and we left our car in the safety of the British compound—quite glad to do so.

Dr. Golestaneh contacted us while we were at lunch and then took us to see the fully furnished flat they had reserved for us. We liked it and agreed to take it, and moved in the next day.

We were glad that our travelling was now over and that we had reached Tehran still whole and well. The car had behaved excellently all the way. The mileage on the clock was 3,737 miles, and the sea journey from Istanbul to Trabzon an estimated 800 miles.

After teaching for six months at the National University of Iran School of Dentistry, an account of which has been submitted to the Editor of the British Dental Journal, Professor Herbert was asked to go to Mashad for a period of four weeks to teach in the Dental School there. This school was also opened in 1965 but is still housed in temporary accommodation, although plans for a fine new building have been drawn up.

An account of this further journey follows.

JOURNEY TO MASHAD

We left Tehran in its usual beautiful sunshine at 7.30 a.m. on 5th April, 1970, and took a circuitous route over the lower slopes of the Elborz mountains to avoid the rush-hour traffic and joined the Mashad road some 20 kms. from Tehran. No time was saved but it is less nerve-wracking. We reached Ab-Ali, the popular ski-ing resort now deserted, soon after 9 a.m. and the top of the 9,000 feet pass in another 15 minutes—proceeding down the steep curves on the other side we could not see any signs of the disaster of late January when over 40 people lost their lives when a bus and a number of cars were swept down into the ravine and buried by an avalanche. The road is now fully open again but there is talk of tunnelling through the mountains to avoid a recurrence of this disaster.

After the first steep descent the road follows the Haray river to Amol and the Caspian Sea—a very beautiful route. The contrast in the scenery is very marked in spring, from the brown barren hills of Tehran to the fresh green and fruit blossom of the Caspian side, but the weather was now cool and showery.

At Amol we turned east along a straight stretch of road raised up above the rice paddies on either side.

The land is quite flat on the Caspian side though the sea itself is not visible from the road but a little to the south the hills begin to rise in pleasant tree-clad slopes.

We reached Gorgan (274 miles) by 4 p.m. and put in at the Miami Hotel—not bad at all for a small place and we had a delicious chicken kebab (chicken joints grilled on charcoal) in a large, echoing dining room with a vivid mural at one end and a gallery at the other. All this day we had been travelling on good tarmac and the traffic was light. That evening and all night it rained.

It was still raining gently when we left next morning about 8.30 a.m. and drove over the Gorgan steppe, a wide fertile plain, to Shahpasand, where the tarmac ended and the "gravel road", or rather mud track began.

We made a slight detour to the north to Gonbad-e-Kabus to see the tomb tower built in A.D. 1006 to receive the body of Shams-el

Ma'ali Kabus, King of the Zujarids. His body is said to have been suspended in a glass coffin high up in the 150 foot tower. The circular tower of brick rises from a mound and is topped by a conical roof in which there is a single window, facing east. From a distance it is said to resemble a giant pencil. The brickwork still appears to be in good condition in spite of two earthquakes and almost 1,000 years, and though not exactly beautiful it has a grandeur of its own and is unique in being the largest tomb tower in Iran.

The town at its foot is uninteresting architecturally but quite a busy place, judging from the traffic going to and fro in the mud. Our offside windows soon became opaque and we had to refill our windscreen washer bottle en route.

In Gonbad we filled up with petrol and had the windows cleaned —we need not have bothered—in a few miles they were plastered more thickly than before.

The road continues in an easterly direction through what appeared to be, in spite of mud and rain, very beautiful country. It includes the famous Gulestan Forest—now designated Mohammed Reza Shah's Wild-life Park. We did not see any wild animals but the verges were full of small red tulips and other flowers and where the gorge widened out the grass was of the deepest and most vivid green. In several places the stream crossed the road and the ford was quite deep.

We did have a drier patch later in the day travelling over a high plateau but this was followed by worse mud and finally by fog or cloud over a high pass before descending to Bodjnurd, our second stopping place. Of the 205 miles covered this day, 145 had been on so-called gravel road.

Bodjnurd is a smaller place than Gorgan and the Hotel Izadi of a slightly lower grade than the Miami but was quite acceptable after our mud lark. We arrived there with at least half an inch of sticky mud plastered all over the car, sprayed by passing cars and buses. The car has never been so dirty before but this was the only trouble we had with it.

Some time was spent the next morning washing off the worst of the mud and we left about 9 a.m. on the last lap. We only had another 80 miles of gravel road and today this was dry and dusty, with loose stones—we had been told horrible stories of punctured tyres and petrol tanks but taking it at low speed (never more than 30 m.p.h.) paid off and from Quihan to Mashad, another 85 miles, we were on a beautiful new tarmac road.

The tantalising part about this journey was that all along the route they are building the new Trans-Asian highway and many sections are ready for asphalting. Our road crossed and re-crossed the beautiful smooth, straight track but we were not allowed on it. In two years' time, when the highway is expected to be finished, the 680-mile journey from Tehran to Mashad will be an easy two days' run.

NURSING SECTION

Nurses' League Reunion

Wednesday, 13th May, 1970, was the date selected for this year's Nurses' League Reunion. The day dawned pleasantly warm and sunny, typical weather, in fact, for this function.

The proceedings commenced with Evensong in the Hospital chapel, conducted by the Chaplain. The address was given by the Rev. A. J. M. Saint, who was Chaplain prior to Mr. Beevers. As I was myself a member of the choir I do not feel qualified to comment on its renderings, but can merely hope that they did not fall too harshly on the ear. Thanks are due to the Conductor, Nigel Winter, who so willingly gave of his energies and time for the occasion.

After the Chapel Service the participants wended their way to the Medical School for the Annual General Meeting of the League. The hats again afforded a remarkable display, and it was at times difficult to distinguish them from the cultivated flora of the Park!

The League meeting commenced with a welcome from Miss McManus and was followed by a short report from Matron. During this she informed the gathering of a proposal to institute a Roll of Honour for Guy's Nurses who had lost their lives in active service. She stated that any information regarding nurses so involved in the Korean or any later international conflicts, would be most gratefully received.

Following the Treasurer's Report, Mr. Burfoot then gave a very animated account of current new developments within the Group. To those working within the Hospital, the news that there is to be a new laundry within the foreseeable future will cause nothing short of ecstatic delight! There is also to be a new swimming pool. This is pleasing news, since for certain of our number, such an amenity was the sole reason for coming to train at Guy's in the first instance!

The penultimate event of the proceedings was the presentation of Butterworth Medals, to three of the Sisters. This award is made to Guy's trained nurses who have completed seven consecutive years' service inclusive of their training, or alternatively, should they have been away from the Hospital, completed eight years, the last four of which have been consecutive. The recipients this year were Miss B. Sweet, Mrs. I. Stevens and Miss S. Hetherington. The presentations were made by the Superintendent, Dr. P. Helliwell, who executed this onerous task with efficiency and charm.

The next item on the agenda was tea in the Nurses' Home. The organisation of this mammoth task was once again superbly managed by the Catering Staff. Afterwards there was a showing of the Hospital film in the School of Nursing. Many were disappointed that they had not been told of this in advance, and that there could not have been an earlier showing also. Whereas several had spent the morning shopping and could have attended before lunch, they had trains to catch in the late afternoon and were unable to spare the time. Two programmes would also have enabled far more people to see it.

Altogether, the afternoon was very pleasant. For some it was an opportunity to meet their contemporaries again. For others it afforded a chance to contemplate on what it is that causes this massive annual return to the fold of Guy's Nurses. Could it be that in this era of instability, there still lingers a sense of loyalty and tradition somewhere?

NOTICE

The Guild of Ex-Patients and Friends of Guy's Hospital

Secretary's Report for the year ended 31st December, 1969

I am happy to say, that in 1969, Subscriptions and Donations reached over the £7,000 mark, this is the best year we have had since the Guild was founded in 1933. Our membership list now reaches 42,000. Many of our members have contributed regularly, since 1933, but from year to year, from one cause or another, some drop out, and our need for new members is still urgently required, for the Hospital is expanding and getting busier every day, and the need for assistance from the Guild's funds grows proportionately.

The following special gifts have been purchased for the Hospital (in addition to the customary items):—

Wheel Chair for Dental School.
Two "Ambulift" Chairs (for use in moving paralysed and handicapped patients, at a cost of £250 each).
Various equipment for Rest Room in Blood Transfusion Unit, costing £205.
£286 for furniture, for Patient's Waiting Area and Day Room in Breast Research Unit.
£25 spent on large toys for Children's Out-Patient Department.
Two Invalid Shampoo Basins at a cost of £16.
Four (three-tier) Royal Service Tea Wagons for York Clinic.
Mobile Chair Weighing Machine for Obstetric Ward, costing £65.
£5 spent on Games for Evelina Children's Hospital.
Reprint of 5,000 copies of Comic—"Billy Goes to Hospital" (£75).
Reprint of 1,000 Book Markers for Patients' Library (£55).
£560 to purchase a Computer Terminal for use in Intensive Care Unit.
£170 for Department of Anaesthetics to purchase Tape Recorder with earphones, and cartoon type films in self-contained viewer.
Film strips and loops for Parent Craft Classes in Midwifery School, costing 52½ guineas.
£3,170 spent on purchasing equipment needed for Research Work, for Medical and Dental Schools.
70 Fibreglass Trays for Wards.

In addition to the above list, every patient in Hospital on Christmas Day, was given a Gift from the Guild—Tins of Biscuits, Sweets, Stationery, Gift Tokens, Bed Jackets or Socks, Toys and Books, etc., for the children.

M. B. Coleman (Mrs.), Secretary.

CORRESPONDENCE

Cybernetics and Cancer

SIR,—The article Cybernetics and Cancer by D. F. Stubbs is of great interest and admirable in the breadth of its approach. Perhaps he might like to work in somewhere the animal experiments showing that, in rats, the faster they grew in early weeks of life, the higher the incidence of cancer in middle age. Different diets had rather different effects, a high protein diet having most effect in the direction mentioned.

Our notable failure in the last 50 years to improve the expectation of life for young adults is due to the continued frequency of atherosclerotic heart disease and cancer. Perhaps the rapid weight gain in infancy which has been the fashion until recently is not unrelated to this failure.

Yours faithfully,

R. C. MacKeith.

Guy's Hospital, S.E.1.

Visiting Patients

SIR,—I was delighted to see your article in the current issue (*Nursing*, 9th May) on patients and visiting. I agree with all you say.

It is now eight years since we introduced open visiting to the wards of the Hastings Geriatric Unit, and I can confirm all the points you mention. Miss B. J. Smith, formerly Matron of St. Helen's Hospital, and I reported our experiences some years ago[1].

In particular, we continue to find that there has been an immense improvement in communication with relatives, and our nursing staff genuinely welcome them.

Your correspondent asks "How does one effect the change?" The change is achieved by continuous discussion between the Senior Nursing Officers and the Ward Sisters. If the medical staff can be involved in these, too, so much the better. In Hastings, Miss Smith discussed the visiting arrangements for six months before open visiting was finally instituted. Only in this way can one gain the interest and co-operation of the staff.

Yours faithfully,

R. E. Irvine, M.D., F.R.C.P.,
Consultant Physician.

[1] *Lancet*, 1963, *i* 597.

Hastings Geriatric Unit,
St. Helen's Hospital, Hastings.

One Hair

SIR,—We have come to a sorry state of affairs indeed, if the standard of teaching at Guy's is considered so low that there is a need to judge the levels of intelligence and competence of its Dental and Medical students by their preferred modes of dress and hair styles.

Presumably the patients at Guy's come to take advantage of the medical knowledge possessed by Guy's men and women, and if they leave feeling indebted to the Hospital, I see no reason why they should look upon the students they see here as anything more or less than future doctors and dentists.

If critics of today's fashions as worn by Guy's students would care to look into our country's past, they would doubtless discover that individuality, and even eccentricity, often heralded genius—could this not still be true, even in our computerized age?

Yours faithfully,

R. J. Robinson.

East Wing,
Guy's Hospital, S.E.1.

Sixteen Hairs

SIR,—We, the undersigned, are surprised that a prominent member of staff condones the presence of the long-haired faction at Guy's. It is surely the duty and moral responsibility of the respected senior staff to guide the students, not only along academic lines, but also of the appearance and conduct expected of members of a profession.

This is borne out by a paragraph in Regulations respecting students: "Students are required to . . . . . . behave at all times both in and out of the Hospital, so as to uphold the reputation of the Hospital, school and profession". This regulation, we suspect, was made for the welfare of patients, many of whom expect doctors and dental surgeons to maintain high standards of cleanliness and hygiene. An unkempt appearance does not portray this.

We feel that it is not unreasonable to suggest that this Regulation be enforced before the situation becomes completely out of hand.

Yours faithfully,

M. A. KNIGHT
K. W. MALIA
JOHN OSBORNE
DEBORAH WIGGINS
A. J. DAVIS
K. R. BAND
K. TAYLOR
R. P. A. LOVELL
D. P. S. THOMAS
W. G. GILL
JOHN P. DINE
R. K. F. CLARK
R. WALTON JONES
R. D BAROUGH
R. W. KENDRICK
R. S. G. JONES

East Wing,
Guy's Hospital, S.E.1.

Exhibition of Degenerate Art, 1970?

SIR,—On visits to New Guy's House, I cannot but be struck dumb by the stagnation in standards which has induced those in control to adorn the walls of the landings with the artistic hotch-potch on display there.

The current view of modern art is explained by the artist attempting to portray his feelings on a subject. There is no guarantee that the viewer will interpret these feelings correctly. A failure to do so invalidates the artist's purpose. Appreciation of artistic mission is rooted in the soul of the people. Naturally an explanation of artistic aim is essential, but even here the leeway for diverse interpretation is still very wide.

Modern (Abstract) art has a money-fashion-"in" basis, and as such is distinctly alien to British cultural tradition.

Yours faithfully,

ROBERT MITCHELL.

East Wing,
Guy's Hospital, S.E.1.

SPORT

RUGBY CLUB

THE CAPTAIN'S REPORT

The final figures for the 1969-70 season, of 15 matches won, 12 lost and 1 drawn showed again that Guy's is able to retain their strong fixture list. The "points for total", however, was not so flattering as previous seasons. Many games showed less than 5 points difference between us and our opponents, although quite comfortably won.

We were again able to have an extremely successful season against the West Country sides, losing only to Plymouth Albion. Indeed, for a period of eight weeks after the Christmas break, only one game was lost, and this was to the formidable Coventry team. This match was one of the highlights of the season, as during the first half, our team put up a tremendous display against a side packed with international players. The half-time score of 11—3 for Guy's reflected little of the ease with which Guy's had dominated the play. However, our lack of confidence allowed Coventry to get off the hook, and they fought back and won the game.

It was this lack of confidence amongst Guy's players, which was the most disappointing feature of the season. There is very little to choose between county and good club players with regard to rugby ability. The main difference is in the confidence and belief in ability, together with guts, which differentiates such players. It is to be hoped that in the coming season such confidence can be instilled into the younger players fighting for the first XV places. This should be helped by the fact that many of the second XV players were blooded against first-class sides this season.

Again, we were unfortunate enough to lose the U.H. cup, but I feel that this competition is far less important to the rugby club than to the hospital as a whole. In my own personal view, after playing some six years for Guy's, it was far more important to beat Coventry rather than win the Cup. This had been my greatest ambition of the season.

I would like to wish Tony Fallowfield, next season's captain, all the success in the world and hope that Guy's will remain the best Hospital rugby club next season.

J. R. M. Ross.

CRICKET CLUB

1st XI v. THE WANDERERS

Played at H.O.P. Result: Lost by 7 wickets and 73 runs.

The Wanderers won the toss on this rather fine morning, and their choice to bat first on the hard wicket turned out to be a great tactical advantage. Our seam bowlers were unable to get a breakthrough and with the ball coming fast off the pitch, their batsmen scored freely. With the score at 270 for the loss of only 3 wickets, they declared. There was ample time left for Guy's to win.

At first, our batting looked quite sufficient for the task in hand, and the captain, R. Goodhart, set a fine example of fast scoring by making 101 runs before being given lbw. R. Burns hit an aggressive 47 before being bowled while mis-timing a stroke. An effort was made to retain a high level of scoring to keep up with the clock. However, the remaining batting capitulated and Guy's were eventually all out for 197.

Team: A. Gillham, M. Winter, D. Silk, C. Longdon, R. Clifford-Jones, R. Goodhart (capt.), R. Burns, M. Fordham, D. Kelleher, S. Bowden, M. Harris.

1st XI v. STAINES

Played at H.O.P. Result: Drawn.

The game began with us winning the toss and choosing to bat first. A very rare occasion this season. A. Gillham provided a valuable beginning with 30 runs to his credit before a very unlucky stumping. The ball rebounded off the keeper's pads. R. Clifford-Jones hit 60 before being caught in the covers from an off-drive.

Guy's opened the bowling with a seam-spin attack which was so successful that it was kept on throughout the innings. The medium pace claimed four wickets and M. Winter was able to spin the ball both ways on the pitch, he took four wickets.

Team: A. Gillham, R. Goodhart (capt.), C. Longdon, M. Fordham, R. Clifford-Jones, R. Burns, M. Danford, R. Hanson, H. Thomas, J. Scoble, M. Winter.

1st XI v. HONOR OAK CRICKET CLUB

Dulwich Common.

Result: Lost by 3 runs.

The Honor Oak's innings began very slowly and uncertainly. However, it gradually gathered up momentum with their "tail-enders" who brought the final score to 146 runs. M. Winter had been bowling quite brilliantly and had taken 6 wickets for 32 runs.

The Guy's innings began with M. Winters knocking up 29 runs before being stumped. R. Yetton smashed up 38, including two sixes and five fours. The rest of the batting was rather indifferent. At the beginning of the last over, Guy's had 5 runs to make and 2 wickets in hand to win. Unfortunately, these fell quickly and Guy's lost the "cliff-hanger" with 3 runs to score.

Team: A. Gillham, M. Winter, R. Goodhart (capt.), R. Yetton, C. Longdon, J. Scoble, R. Burns, S. Bowden, M. Fordham, M. Harris, J. Wheel.

M. C. Fordham.

MATCH v. OLD ST. JOHN

H.O.P. 16th May.

Result: Won by 9 wickets.

The opposition batted first and, on a reasonably good pitch, were bowled out for 64. Fordham and Goodhart opened the bowling and bowled almost unchanged throughout the innings. Both bowlers were assisted by some good fielding and fine catching, and Goodhart bowled particularly well to take 5 for 24 runs, Fordham taking 4 for 35.

Winter and Gillham scored all but two of the runs for the first wicket until Winter was bowled for 28. Gillham carried his bat for 36, and even managed to produce an off-drive to score the winning runs of the match.

MATCH v. DRAGONFLIES

H.O.P. 22nd May.

Result: Lost by 87 runs.

The Dragonflies won the toss and elected to bat. Fordham and Goodhart again opened the bowling, and Fordham finished with 6 for 50 which included at least four wickets from full-tosses or catches off full-blooded hooks! Having had the opposition 30 for 2, their third wicket put on 80 runs, ably assisted by Pearson—the only bowler ever heard to say grace before bowling—"For what they are about to receive . . ."—They were indeed truly grateful and scored 23 off his two overs. Winter bowled well to take 3 wickets for 56 runs, and the Dragonflies were eventually all out for 182.

This left Guy's four hours to make the runs, which is much too long for such a side! Guy's were all out for 95 after some very poor performances with the bat. The top scorer was that notorious number 10, Bowden, with a huge score of 15.

MATCH v. CROFTON PARK

H.O.P. 25th May.

Result: Won by 8 wickets.

After losing badly to this side last year this was sweet revenge. The opposition batted first and were put out for 76 by lunch, thanks to some excellent bowling by Fordham who took 8 wickets for 29 runs (and then refused to buy a jug afterwards). He bowled extremely intelligently and only a couple of his wickets came from really bad balls! The fielding was excellent, and, for once, no catches were dropped, five good ones being held in all.

Winter was out for 9, and then Gillham and Goodhart knocked off the runs. Gillham scored a fine 46 not out, and the match was over by 3.30.

As we walked over to tea at their Club house the opposition Skipper approached:

"Are you coming to tea" asked he,

"Yes"

"Oh, you're very welcome, of course," (he added politely) "but we don't really want you".

"I wonder why?"

MATCH v. INCOGNITI

H.O.P. 26th May.

Result: Match drawn.

Goodhart at last succeeded in winning the toss and Guy's batted first. Winter was out very quickly due to the speed between the wickets of his fast-running opening partner, Gillham, who managed to have him run-out for the second time this season (much to the latter's amusement at lunch!) Gillham made a steady 21, whilst Goodhart batted powerfully at the other end. At lunch he was 85 not out and afterwards completed a great century (if at times slightly lucky) and was eventually out for 122. Silk scored a good 36, putting on 100 runs for the third wicket with Goodhart. Clifford-Jones made a great 37 in 23 minutes and Guy's declared at 251 for 7, leaving the opposition plenty of time.

Neither side could quite get on top and the result was a draw, the Incogs being 233 for 9 at the close. Their number 11 had to bat out the last over and, had the bowling been more accurate, we might have won. O'Keefe bowled very consistently to take 5 for 57. All his wickets came from catches, some of which were quite brilliant.

The following played in the matches: Goodhart, Gillham, Silk, Burns, Winter, Longdon, Fordham, Bowden, Clifford-Jones, O'Keefe, Danford, Croft, Davoodbhoy, Scoble, Pearson, White, Lovell, Wheel.

CHRIS LONGDON.

SAILING CLUB

The Annual Sailing Club Regatta was held at Burnham-on-Crouch on the 14th and 15th May. About 35 "sailors" turned out on Thursday morning and we had the use of six "Enterprise" class dinghies, two "Squib" and one "Dragon" class keel boats. There was cruising in the morning, using the "Anchor" as our base, and by popular request, racing was organised for the afternoon. A simple course was arranged in the Fairway, and it was decided that the winning crew would receive a pint from each of the losers. With this in mind, it was not long before "Foot" Greenaway and "Bog-Brush" Cope were stretching out into a comfortable lead.

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The Dinner on the Thursday evening was held in the Royal Corinthian Yacht Club, and entertainment in the Submarine Bar continued into the early hours of Friday morning.

For those still surviving, Friday provided some brisker conditions, and the three-keel boats proved extremely popular.

There was no doubt that this year's regatta was extremely successful, and it certainly achieved its object of getting as many people on the water as possible. However, it was noticeable that there were no senior clinical students or nurses present, which will, I hope, be rectified in the future.

G.B.

TABLE TENNIS

STAFF v. STUDENTS

18th May.

This annual event again proved very enjoyable for all concerned and produced possibly the best standard of play yet seen. Mr. Pringle brought a strong side, Dr. Paddle and Ken Taylor being the two new recruits and, as usual, proving Mr. Pringle's talent-spotting ability. In the "A" team Dr. Osborne played even better than his two narrow defeats and one victory suggest, whilst Dr. Ivanyi's fearsome forehand made Ian Learner and Calvin Wang go hard all the way. Sarah Thorne proved a great find for the students, running Dr. Ivanyi very close, and combining with Ian to win a very close doubles in fine style. The "B" team saw Miss Henley in her usual stylish vein, proving too good for Fiona Odle and Diana Manwaring, who made up easily the best feminine trio of student players Guy's has yet produced. Fiona gained a decisive victory over the steady Miss Dunne. The author gained a narrow victory over Miss Henley which was in doubt all the way in each game. The refreshments were much appreciated and victory to the students by 6—3 in the "A" team and 5—4 in the "B" team announced. Mr. Pringle took the occasion to present the Inter-hospitals Shield to Calvin Wang for Guy's inaugural victory in the Inter-hospitals Competition. It is a handsome trophy and we should like to thank Mr. Pringle for his generosity and help.

NIGEL HARRADINE.

GOLF

Thursday, 14th May, 1970 saw the Annual One Day Baker Classic event held at Selsdon Park between Guy's dental staff and dental students.

A most enjoyable day was only marred by the failure of one member of the students' team to turn up. Dr. Naylor (for the staff) had to withdraw owing to a wrist injury. His place was taken by an old Guy's man, Dr. Landsdowne.

The team pairings were done at lunchtime by the two captains and the first match was off at just after 2 p.m.

B. Wright played Mr. Cardwell and Mr. Robinson by himself. A generous stroke allowance and some lucky putts gave him 4—3 victory. The next four out was Mr. Mansie and Mr. Richards versus I. Learner and I. McClure. After some wayward golf by all four players, the students eventually won 4—3.

N. Harradine and G. Marcus were paired against the staff "star" Mr. Howarth playing with Dr. Lansdowne. N. Harradine curled in a dodgy four-foot putt on the 18th green to square the match. Mr. Rowe and Dr. Binnie started playing J. Toplis alone and were joined 200 yds. from the first green by P. Breen. Qualification and marriage must be good for the golf as the students combined well to beat the staff by one hole thanks to some rare three putting on the 18th.

With the crowd growing beside the last green we learnt that P. Williams and J. Cunliffe had rather overwhelmed Mr. McDonald and Mr. Buchanan 8—7. Both students it should be pointed out shot well under their handicaps. The final result was no longer in doubt, but to complete the victory, F. Foster and R. Leeburn returned a better ball to win 2 up from Mr. Baker and Mr. Stewart. Final result—Students: 5½; Staff: ½.

This was the best result the students had achieved in a long time. While the result was obviously not to their liking we hope the staff enjoyed themselves nearly as much as the students. Finally our thanks to Mr. Baker for organising the day and the weather.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited for the appointment of **Dental Research Fellow (Full-time) (Lecturer Grading)** in the**Department of Oral Medicine and Pathology,** with duties commencing 1st August, 1970, or as soon as possible thereafter. The holder of this appointment will be expected to carry out research with a view to obtaining a higher degree. Salary according to qualifications, age and experience within the range of £1,885 to £3,020, with superannuation. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, S.E.1, not later than Wednesday, **17th June, 1970.**

GUY'S HOSPITAL AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the post of **Senior Registrar in Geriatrics** to the Board of Governors of Guy's Hospital and the South East Metropolitan Regional Hospital Board. The appointment will be made jointly by the bodies concerned and will commence as soon as possible until 30th September, 1972, subject to annual review. The successful candidate will spend the first term of 30th September, 1971, at St. Helen's Hospital, Hastings, and from 1st October, 1971 to 30th September, 1972, at New Cross Hospital. Previous experience in general medicine or geriatrics is essential, and a higher qualification is desirable. The post is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales). Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, S.E.1, not later than **12th June, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of **Senior Registrar** in Neurology with duties to commence 1st October, 1970 and appointment for one year in the first instance. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, S.E.1 not later than **24th June, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of ***Registrar in Child Psychiatry*** *with duties* to commence on 1st October, 1970 and appointment for one year in the first instance. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, S.E.1 not later than **24th June, 1970.**

GUY'S HOSPITAL

Members of the Royal College of Physicians with a grounding in general medicine and wishing to embark on a career in clinical rheumatology are invited to apply for two posts of registrar in **Physical Medicine and Rheumatology** in the Guy's Group of Hospitals one to commence on 1st July, 1970, and one to commence on 1st October, 1970. The successful candidate will be expected to take active part in the programmes of research and post-graduate education. Both registrars share the responsibility for the supervision of patients in the 50-bed Hume Kendall Unit. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, S.E.1, not later than **17th June, 1970.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of part-time, non-resident, **Paediatric Casualty Officer** (Senior House Officer Grade) at the Evelina Children's Hospital of Guy's Hospital for a period of six months in the first instance commencing 1st July, 1970. Six morning sessions, salary 7/11th of the full-time rate. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, S.E.1, not later than **12th June, 1970.**

Applications are invited for the post of **S.H.O.** in Clinical Pathology to the Guy's Group of Hospitals with appointment to commence as soon as possible until 30th September 1970, in the first instance. Opportunities will be available for promotion to those wishing to make a career in Clinical Pathology. Forms of application are available from and should be returned to the Superintendent, Guy's Hospital, S.E.1, not later than **12th June, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of **S.H.O. in Ophthalmology** (whole-time) with duties to commence 1st October, 1970 and appointment for one year in the first instance. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, S.E.1 not later than **24th June, 1970.**

GUY'S HOSPITAL

A course of study in Anatomy, Special Anatomy, Physiology, Pathology and Microbiology will be held in preparation for the Primary F.D.S. Examination. The course will commence in late September, 1970, and extend over a period of approximately 15 weeks; classes will be held at 5.15 p.m. on up to four evenings per week. The number of students will be limited to 12. The fee will be 20 guineas. Forms of application are obtainable from the Dean of Dental Studies, Guy's Hospital Dental School, London, S.E.1, and should be returned to him not later than **Thursday, 2nd July, 1970.**

PERSONAL

FOR SALE—Detached post-war house near Elmstead Woods Station, (14 minutes to London Bridge). 3 bedrooms, modern kitchen, L-shaped lounge-dining room, garage £10,950. Tel: 01-467 3454.

MARRIAGE

WILLIAMS—LAWRIE—The marriage took place on 25th April, 1970 at Southwark Cathedral between Christina Lawrie, M.R.C.P. elder daughter of Rex Lawrie, M.S., F.R.C.S. and Jean Lawrie, M.B., B.S., and Christopher Williams, M.R.C.P., son of Denis Williams, C.B.E., F.R.C.P. and Joyce Williams, J.P., M.B., B.S.

DEATH

GURE—On 13th April, 1970, suddenly in hospital, Desmond Gure, L.D.S.R.C.S. Eng., of 54 Wildcroft Manor, Putney Heath, S.W.15, aged 64 years.

CHANGES OF ADDRESS

Mr. and Mrs. Richard Beardon, 16 Newlands Avenue, Thames Ditton, Surrey.

E. K. Breakspear, L.D.S., D.Orth. 182, White Road, Quinton, Birmingham, 32. Tel: 021-422 7569.

Dr. and Mrs. M. J. Hoyle, 3, The Chase, Ingrave, Brentwood, Essex. Tel: Herongate 556.

Mrs. M. Moody, 2, Acacia Drive, Kingston, 8, Jamaica, B.W.I.

Dr. and Mrs. C. L. Newman, 13a, Annesley Road, Blackheath, S.E.3

CORRECTION

GUY'S HOSPITAL REPORTS

The cost to Guy's men of the Annual subscription to "Guy's Hospital Reports" was incorrectly stated to be £5 2. 0d. The **correct** rates for Guy's men are :

Each number, 12s. 6d.
Annual subscription, £2 2s. 0d.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS R. S. TROMPETER and S. M. KILPATRICK

SPORTS CORRESPONDENT T. W. HIGENBOTTAM

NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2137

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Breach of Contract

Unfortunately the *Gazette* goes to press before the Election result will be known. However, it seems almost certain that the "Harold Wilson Rag-time Band" will have been elected Top of the Pops in preference to the "Albany Chamber Orchestra", to entertain us for another five years.

It is very sad that the row over the Kindersley Review Body's report on Doctors' and Dentists' pay should have exploded during the Election campaign, when harsh words were said by both sides, probably to be regretted later. Doctor's pay was sucked in as fodder for the Election campaign, gobbled up, digested, spat out again, and forgotten by most of the public in a short space of about two weeks. We are now left to piece together the fragments of wreckage to determine how much has been gained or lost.

The facts are that the Kindersley Review Body had completed its twelfth report by the end of March, and presumably the Government knew of the main recommendations shortly afterwards. The Government said nothing about the Report, and until prodded by the B.M.A., had no intention of publishing it. It is significant that the reason given—that it would not be proper to consider the Report during the Election campaign—was not advanced until after the B.M.A. had pressed for publication.

The Report recommended an across-the-board increase of 30 per cent for Hospital doctors, G.P.s, and dentists, with some additional "extra duty" allowances for Junior doctors. The justification for this generous but just award was given in the Report:

> "Junior Hospital doctors and at least some senior doctors appear to be required regularly to make themselves available for work for especially long periods; this is a symptom either of bad management or more probably of a continuing shortage of staff" (Para. 29).
>
> "The pay level may not alone determine a doctor for or against emigration, but it is in our view a very important factor: moreover it is an indication of the esteem in which the profession is held in the country" (Para. 63).
>
> "The past and present dissatisfaction with the work in the N.H.S., leading in many cases to withdrawal from it, and too often to emigration, may be seen to have sprung from a sense that . . . the general level of remuneration was failing to maintain the relationship with other professions and occupations which the Pilkington Committee had tried to set for it and which we had tried at least *to maintain. If this is not put right as soon as possible, there may soon be* long-term damage to the N.H.S., which it would take many years to repair" (Para. 89).

The Government felt unable to accept the Report in its entirety, referring part of it to the P.I.B. This action caused the immediate resignation of the Review Body. Again, it is pertinent to examine the reasons behind their resignation, as stated in a letter to the Prime Minister:

> "The Royal Commission said of the Review Body: 'It must be regarded as a better judge than either the Government or the Professions as to what the levels and spread of remuneration should be. While the Government cannot abrogate its functions and responsibility for ultimate decisions, we are insistent that the recommendations of the review body must only very rarely and for most obviously compelling reasons be rejected'.
>
> "On this occasion no consideration of national emergency has been invoked.
>
> "The Government has made it clear that it does not accept our twelth report, which was the outcome of six months close investigation."

We all know the sequel of how the B.M.A. has advised its members to cease co-operation with Government Departments, and is to hold a referendum on the question of withdrawal from the N.H.S.

The quarrel provided good hustings material, with politicians talking about "doctors striking for an extra £20 per week".

Results

The medical and dental professions have gained a handsome but deserved pay rise, part of which has been referred to the P.I.B. The Government has lost the confidence of both professions.

The public image of the medical profession has been tarnished —it has lost some of the "esteem" valued so highly by itself and by the Review Body. Both Government and professions have lost the services of a valuable independent arbitrator.

A point worth noting is that it was not only doctors and dentists who felt that the Government was morally bound to accept the recommendations of the Review Body. A neutral party—the Review Body—felt so, too, and expressed its opinion by resigning. Their resignation emphasised that the quarrel is not over pay, but over the principle of non-interference in the guaranteed independence of the professions. The Prime Minister has been less than straightforward in altering his terms of reference for the Review Body without informing it (or the professions) until after it had completed its work.

Doctors have not gone on strike and will not do so. Mr. Crossman waxes eloquent over "Breach of Contract", but fails to understand that if the terms of a contract are altered without the consent of both sides, then it is no longer valid. The Government, in refusing to accept what had previously been agreed, has broken its side of the contract.

The National Health Service, said by the Review Body to be in danger, has been further imperilled by Government action. It would be tragic if the Medical Profession, goaded beyond endurance by Government ineptitude and double-dealing, were to administer the coup-de-grace. The Health Service is by no means perfect, but it is founded on a noble ideal of service to Man, and must be preserved and improved.

Traveller's Tales

We have had the pleasure to publish, both in this and the last issue of the *Gazette*, two most vivid and interesting accounts of the travels that Guy's men and women have recently undertaken. It is hoped that this will encourage more people to write about their voyages to foreign parts, or about periods of time spent working abroad. This invitation is extended equally, to those currently at Guy's, and those well travelled old Guy's men.

GUY'S DIARY

JUNE

22	M	1.00 Clinical Lecture. Mr. KINDER. "Urinary Diversion."
23	Tu	1.00 Clinical Lecture. Professor TALALAY. "Design of Chemotherapeutic Agents: Part II."
25	Th	1.00 Clinical Lecture. Dr. HARDWICK. Two films will be shown at this lecture: (1) Diabetes. (2) Osteomalacia—a geriatric problem.
26	F	1.00 Clinical Lecture. Professor TROUNCE. "Drug Interaction." 2.15 Combined Round in Pre-Clinical Classroom. Chairman: Dr. CLARK. Speaker: Dr. DEUCHAR.
29	M	1.00 Clinical Lecture. Mr. SALMON. "Hunting the Deaf in Central Africa."
30	Tu	1.00 Clinical Lecture. Dr. WAYTE.

JULY

2	Th	1.00 Clinical Lecture. Dr. JOINER. "Diseases of Muscle."

SURGICAL IMPRESSIONS OF EAST AFRICA

by

Bill Heald

who, with his wife Denise, have spent four months in private surgical practice in Kenya. He was there as locum for Mr. Declan O'Keeffe, F.R.C.S., who is also a Guy's man, and who will be well known to many readers of the Gazette.

FIRST IMPRESSIONS

Kenya is everything that we think of when we hear the word "Africa". It straddles the Equator from the Indian Ocean on the East to Lake Victoria and Uganda in the centre. To understand it one must realise that it is a very young country. A hundred years ago, only the coast was known to Europeans, and those formidable explorers, Speke, Grant, Livingstone and Stanley, had yet to make their famous journeys on foot and thus draw the first maps of the interior. Even today there is space enough for an estimated thirty thousand wild elephants between the two major cities, Mombasa and Nairobi. Road signs like "Beware of Elephants—They have right of way", and news items like "Oil tanker kills two philandering lions" constantly remind one that one is far away from the Borough High Street. Nairobi, the capital, is only seventy years old, and stands where the builders of the Uganda railway paused at the turn of the century before crossing the great rift valley to Lake Victoria. It is now a gay, decadent, modern city where black and white mingle in a way which would have been impossible ten years ago.

Only the Coast has any history in European terms. Mombasa, the port, is an island of five square miles and a quarter of a million people, and it was here that we spent four months in private surgical practice. It still has signs of a more sinister past in the overhanging houses, barred doors, and narrow streets of the old Arab town. The ancient dhows from the Persian Gulf still run south in January before the northerly monsoon, to drop anchor in the old harbour. Amazingly predictable, the monsoon changes in May to the south-east and carries them home again. The cargoes of slaves have been replaced by less exotic commodities, but, no doubt, some ivory still finds its way abroad. Perhaps even rhino horn, noted for its aphrodisiac effect, still voyages northward to aid the weary Sheikh with the overwhelming work load of the harem.

Despite all this, the greatest attractions of East Africa have little to do with people, old or new. The wild life, preserved from progress in huge game reserves, is the greatest excitement of all. In addition, the Coastline is an idyllic tropical paradise of white, sandy beaches, palm trees, and coral reefs. It is the perfect haven for swimming, sailing, and water sports, and the coral is the ideal setting for underwater exploration and spear fishing. It is potentially one of the finest holiday spots in the world.

WHAT PRICE DEMOCRACY

Independent East Africa has been in existence since the early sixties. It is composed of three countries which were formerly British East Africa: Kenya a colony, Uganda a protectorate, and Tanzania a German territory mandated to Britain by the League of Nations in 1918. They are now independent nations, ruled supposedly by their African majorities, with constitutions modelled like ill-fitting suits on the Whitehall pattern of Western democracy. We witnessed the first general election since British supervision was removed. The democratic principles were applied by President Jomo Kenyatta much as King Henry VIII would have applied them in Medieval England. After a hostile demonstration against him in Kisumu, the heart of the opposition party's territory, the President angrily imprisoned all the opposition members of Parliament. An Oath of Allegiance to his own party, KANU, backed by a $500 deposit, was then made a prerequisite for all who wished to stand for election. When the President and his party were returned unopposed, a public holiday was declared in celebration! No wonder that African democracy has been described as "one man, one vote, once"! For the Europeans who remain, however, the stability is all important, and they heaved a sigh or relief when Jomo settled more securely in the seat of power. Ironically, since he spent many years in a British Colonial jail after the Mau-Mau uprising, it is they who fear his departure most. With the blood still drying on the other side of the Continent in Nigeria, political purity is a luxury they cannot afford. They have always known anyway, that race and tribe would be the dominant factor in African politics far more than they ever were in Colonial days. Of these two, tribe is the more important, and tragic under-estimation of this is the basis of the Nigerian disaster.

What does it all mean for the people who live there? Lord Dalamere's "White Man's Country" is white man's country no more. The big white boss or "Bwana Mkubwa" as he was fearfully called by the African, is no more. However, Kenya is for the moment stable, and life with "Uhuru" (the African word for freedom) goes on largely unchanged for African and European alike. "Wog-whipping" is out these days, but then the early promise of plentiful "Bwana-baiting" for the new black ruler has not been fulfilled either. The European is still needed if he can do or make anything that is necessary, and he must be paid at least what he would earn at home, say from £2,000 a year upwards. In contrast, the average income for the African is £60 per year, and the standard wage of a house servant in Mombasa is £10 a month. The Asians and the Arabs, predominantly trading peoples with private businesses, outnumber the Europeans and have accumulated much of the private wealth in Kenya. They are much resented, and one of the great problems is that the African Government is bent on expelling a great number of them who retained Colonial British passports when independence came.

HEALTH SERVICE

The population of Mombasa and the hospitals of Mombasa reflect the four population groups of Kenya. There are about 200,000 Africans, 50,000 Asians and Arabs, and rather less than 5,000 Europeans. There is a hospital and a standard of care for each group. The Coast Province General Hospital, a fine building from Colonial days, is the official government hospital which provides free treatment for the African. The Aga Khan Hospital is a private institution charging moderate fees and catering largely to the Asian and Arab population. The smallest and the best equipped is the former European hospital which has shed its racist title and is called after its benefactress—the Katherine Bibby Hospital.

The old racial barriers are no longer rigidly applied. The new generation of wealthy African patronises any of the hospitals, and Africans in the employ of major international companies are treated at the expense of the company. Without the monthly cheque from the large organisations like the cement company and the oil refinery, few of the dozen or so British doctors in the town would survive. Indeed, it is probably to keep them for the general good that many companies adopt this policy. In the Government hospital, Africanisation has effectively removed most of the Colonial service specialists, though many key posts are still held by Asians. They in turn will no doubt lose their jobs to Africans as the new medical school in Nairobi produces more doctors and specialists. The official dream is of an Africa no longer dependent upon foreigners, though it is pertinent to point out that the President's own physician is still a European. It is also a problem of Africa that its new generation of trained experts is often more interested in the white man's Mercedes than in tackling the overwhelming work load. At the "Coast" the large majority of surgery was being done by a young Englishman two years out of medical school, armed with a few books and boundless enthusiasm.

One of the high spots of our stay was a visit to Kampala in Uganda for the meeting of the East African Association of Surgeons. In doing this, we retraced by car, in two days, the steps of the amazing Dr. Albert Cook, who made the journey at the turn of the century on foot with a handful of African Bearers. In the library of the medical school in the fine hospital at Malago, there are shelves full of his careful clinical records, which are a model that we would do well to follow today. It is sobering to consider that his notes had such high priority that they were carried 1,000 miles on the heads of bearers. The beautiful new hospital in Kampala was a present to Uganda from the British government on the occasion of independence. Considered at that time to be too large, it is now so far the best hospital in the country that its patients arrive by the thousands from all over East Africa. The only answer has been to admit the excess as "floor patients" who, lying in rows between the beds, provide a strange contrast to the clean modern surroundings.

Practice in East Africa thus covers a wide spectrum of economic and racial groups. It also shows the doctor the diseases of the poor and primitive African side by side with those of the new westernised urban African. There is much to be learned from the study of this aspect. In the last seven years there have only been two autopsies on patients with myocardial infarcts in the Coast Province Hospital. In the same time there have been many hundreds amongst the much smaller group of people leading so-called civilised Western lives. Conversely, I was shown a whole ward of patients at the "Coast" with Potts paraplegia which is now a rarity in Western communities.

SUPERSTITION VERSUS PROGRESS

With a little licence one can go a lot further. The primitive African eats posho, a tasteless mash made from maize, and protein is a rarity. He passes two large bulky stools a day, and he is free from hemorrhoids, varicose veins, diverticula in his colon, appendicitis and coronary thrombosis. However, his children's bellies are bloated with "Kwash", and his wife's beauty fades in her twenties, with her unbrassiered bosoms dangling from the suckling of endless infants. Her mind is sodden with superstition, and she would sooner die than meddle with her function of repeated parturition. She will even resist Caesarian section until she is carried nearly dead to the hospital. Ruptured uterus is still the commonest cause of obstetric death in East Africa. Whatever else changes in Africa, there is no Uhuru for African woman.

Take our African friend and give him a Western life, and the picture changes. He inherits constipation, hemorrhoids, and varicosities. He suffers from appendicitis and duodenal ulcer. Dr. Miller in Nairobi has even found an African with diverticular disease. There must be a lesson in all this. Of course, it could be related to automobiles, stress, T.V., or even monogamy. More reasonably, Dr. Miller believes that the pattern of disease changes as the African turns from posho to bread as his staple diet. Certainly, the diet seems the most likely link, and animal experiments support the idea that reduction in bulk increases the formation of diverticula and the occurrence of appendicitis. It is, incidentally, for this reason that low-residue diets have largely been abandoned in Britain in the therapy of diverticular disease.

The incidence of tumors provides a further interesting study, though one from which it is more difficult to draw conclusions. Gastro-intestinal cancer occurs with diminishing frequency as one passes distally. Thus, oesophageal cancer is common, whereas colon and rectal cancer is rare. I performed one abdomino-perineal resection at the "Coast" and was told that this was the only such operation that had been done in many years. This, too, could clearly be the long term effects of diet. Primary hepatoma is one of the commonest tumors in the African, Asian, and Arab, and it is one to which there is no apparent answer. Even if it were economically feasible, liver transplantation at the present only converts a life expectancy of six months to one of 14 days!

During the visit to Kampala, we saw many of the well-known Burkitt's Lymphomas and Kaposi Sarcomas, tumors which can be regarded as having their home in East Africa. Burkitt's is a distressing malignant lymphoma which affects the maxillary region in children and produces severe proptosis above and loosening of the teeth below. It has an interesting distribution in tropical areas of intermediate altitude, roughly corresponding to that of malaria, and it may provide a clue to the relationship between viruses and cancer. There is, incidentally, an impressive team of young Americans working on these interesting tumors and their treatment by chemotherapy. There is, as yet, no radiotherapy unit in Kampala, as it was not considered economically feasible in such a poor country. A unit is, however, just starting across the border in Nairobi.

PARTICULAR CONDITIONS

This article would not be complete without the inclusion at random of a few other conditions of particular interest. Pyomyositis was a disease hitherto unknown to me. I listened to a paper in Kampala reporting 1,200 cases and later encountered the disease in clinical practice. This is a staphylococcal disease of muscle, somewhat analogous to osteomyelitis. It usually presents with local pain, swelling, and fever, but with a marked tendency to bloodstream spread to chest, brain, and kidney. It thus has a significant mortality. There is some evidence that the disease is initiated by a widespread viral myositis and that the staphylococcus is a secondary invader. The treatment is drainage of the abscess and administration of the appropriate antibiotic.

Malaria, of course is the great mimic, and must be considered in every acute abdominal emergency and every pyrexial illness. It is ubiquitous in East Africa, and many an unwary visitor who omits his prophylaxis has died before the erroneous diagnosis of "flu" was changed to "malignant tertian". It was easy to unmask it in the African by trauma or by operative surgery, and blood transfusion invariably conferred an attack of malaria on the recipient unless he was given therapeutic doses of chloroquine.

The current ideas of snake-bite and its treatment provided another surprise. It was the view of the doctors that the horse-serum basis of the anti-venoms made them more dangerous than the snakes and that the small doses in which they were widely used were ineffective. It was therefore believed better to await signs of systemic poisoning after a bite than to indulge in immediate prophylaxis. Neurotoxicity, usually after a Mamba bite, is first manifest by ptosis and weakness, and haemolysis from the adder bite by haemoptysis and other bleeding. If these signs appear, at least 100 cc of the antiserum is administered intravenously. Otherwise, the patient is simply hospitalised and observed, and attention is paid to the local care of the bite with its attendant necrosis.

This small article is an attempt to put down some of the impressions of the country that were obtained during a four months visit. If there is any moral in any of it, one must go back to the consideration of the impact of the Western way of life upon the African. It has, in the medical sense alone, been so profound in bad effects as well as good that we should look at ourselves and ask "Why?". Both there and here, we must try to abolish protein and vitamin deficiency without putting fat, sucrose, and nicotine excess in their place, and we must banish superstition without substituting for it our own neuroses, and anxieties. Man is, through disease, the victim of his own habits. Surely the intelligent guidance of these has more to offer than all the advances of modern medicine?

NURSING SECTION

On Obtaining Advice

It is a generally accepted principle by all those in the nursing profession, that for the average teenager commencing her training, the hospital is a most bewildering place. The new recruit will probably have come straight from a sheltered environment. She is suddenly faced with the problem of becoming assimilated into an institution which is not concerned primarily with her welfare, and in which very few people have any concern for her when she is not working. This period amounts to two-thirds of her time!

How then does a student nurse obtain any help or advice which she may require? One would think that in a hospital such a thing would be easily managed. There are, after all, sagacious beings to be found everywhere. Variegated chaplains abound and psychiatrists lurk behind every couch. The ways of the world are such, however, that for help to be obtained, the student nurse has to enter such a maze of formalities that she is deterred before starting. There is no equivalent to the Personnel Relations officer which exists in industry. Most of us, at the beginning of our training, were told by someone who looked very ferocious in her perfectly starched cap and cuffs not to hesitate to come if we needed any help! How many of us ever took this seriously, however? Or even felt that the offer was genuine?

What, then, happens to the nurse who is worried? She may have reliable friends, but in this day and age, they are probably in another hospital working a totally different rota to her. Added to this, the concrete friendships which used to be made when Preliminary Training Schools were situated away from the hospital and were in fact glorified boarding schools, are no longer formed to the same degree. There may possibly be a sympathetic ward sister to whom she can turn; but the likelihood of this grows continually more remote. Who then is left? Possibly the Tutor who is responsible for her, or in a small hospital, one of the Administrative Staff. Both of these, however, will be very heavily committed in other directions and have little time to give.

Many people complain that nurses are spoonfed nowadays, but is this not an area where there has been neglect? Increasingly we find that our students do not come from the stable homes which more senior members of the profession were fortunate enough to experience. This means that they will have less resilience to counter the buffeting of life in a large hospital. Is it not only common sense to make provision for advising the student nurse population? They do after all provide the bulk of the labour force and it is in everyone's interests to preserve them. They surely need someone totally unrelated with their work, but with sufficient knowledge and insight to handle their problems. Should it not be the responsibility of every hospital to employ some such person, under whatever title they choose, in order that the nurses could feel that someone is actually interested in them as people, and not just as automatons who provide a service in the wards, and pass exams to keep the statistics favourable.

A WARD SURVEY ON MEDICAL STUDENT APPEARANCE

The appearance of a doctor plays an essential part in gaining the confidence of a patient, and establishing effective rapport with the patient. Clinical ability and experience may be more important to the patient's well-being, but initially at least, the appearance is important for good communication.

Fashions change, have changed; and are now changing at Guy's. The purpose of this survey is to discover whether the patients' attitudes have changed as well, and what, if anything, the patients think of the more colourful members of Guy's.

A patient may come across two types of student. The clinical medical student on the wards, and those students who don't regularly meet the patients in the wards. The latter have probably always worn a less formal mode of dress, although never quite so strikingly informal as at present.

The patients approached were those whose consultants had given the necessary permission, and were made up of adult general medical, and general surgical, patients of both sexes. The questions asked were as follows:—

1. Are you:—
    - (a) Restricted to bed at the moment?
    - (b) Allowed out of bed but not out of the ward?
    - (c) Allowed to visit the park?

N.B.—This question decided whether the patient was likely to have seen the non-clinical students, and whether this was, only through a window, or in the grounds of the hospital.

2. Do you think that medical students who attend you should wear:—
    - (a) Suits,
    - (b) Jacket and trousers.
    - (c) Open neck and jeans,
    - (d) White coats,
    - (e) Or any of the above?

3. Which of the following hair-styles would you prefer not to see:—
    - (a) Short hair,
    - (b) A full head of hair.
    - (c) Hair down to the collar, but tidy.
    - (d) Hair down to the collar and untidy,
    - (e) Shoulder length hair?

This negative was put in to see if any patients objected to a hair-style, rather than what they would prefer to see. The word "not" was underlined twice in red ink.

4. Do you find medical students on your ward:—
    - (a) Smart,
    - (b) Tidy, but not smart,
    - (c) Untidy,
    - (d) Scruffy?

5. Do you consider that the young people you see within the grounds but outside wards:—

   Mostly respectable,
   Not respectable,
   Like hippies?
   Fashionable,
   Noisy?

6. Do you think these people give Guy's:—

   A good image,
   A bad image,
   Do not affect the old image?

7. Please write below any comments on criticisms of medical students that you may feel appropriate.

Results

Question 1. This only applies to Questions 5 and 6 and is considered when estimating the total number of patients answering those questions.

Question 2. Number of patients answering question 139.

N.B.—Patients may have ticked more than one.

Suits—61.
Jacket and trousers—71.
Open neck and jeans—10.
White coats—77.
Any of above—5.

Question 3. Number of patients answering question 139.

N.B.—Patients may have objected to more than one choice.

Short—37.
Full—47.
To the collar and tidy—54.
To the collar and untidy—116.
Shoulder length—112.

Question 4. Number of patients answering question 139.

N.B.—More than one choice may have been ticked.

Smart—105.
Tidy but not smart—46.
Untidy—0.
Scruffy—1.

Questions 5 and 6.

Of those patients confined to bed—Total: 9.

Mostly respectable—8.
Not respectable—0.
Hippy—0.
Fashionable—1.
Noisy—0.

Good image—4.
Bad image—0.
No change—5.

Of those patients confined to the ward—Total: 47.

Mostly respectable—40.

Not respectable—0.
Hippy—0.
Fashionable—12.
Noisy—0.

Good image—27.
Bad image—1.
No change—19.

Of those patients allowed to the park—total 66.

Mostly respectable—56.
Not respectable—6.
Hippy—3.
Fashionable—15.
Noisy—2.

Good image—39.
Bad image—6.
No change—21.

Question 7.

Fifty-three patients answered question 7 expressing various views, some of which are quoted below:—

Three patients thought that students received a salary, and said it ought to be raised, though they didn't say from what, and by how much.

Several patients thought students should be identified by white coats or name badges. Others thought:—

" For the question 3, the last one concerning shoulder length hair, it is unsuitable for male medical students, but you seem having forgotten that it is for a female medical student, for them, long hair doesn't matter."

"I feel some young students should be given a bit of a shake-up, by senior doctors. It's very nice to see young lady students in mini-dress, but should wear a white coat when examining anybody."

"I also think it is bad for certain students and doctors to smoke in the wards, especially whilst with a patient!"

" . . . . . in some cases the standard is lower in the appearance. One student, I know, has dirty hair and nails which one would never have seen a few years back."

" . . . . In fact, I personally feel freer discussing any problem or anxieties with someone I can identify with rather than a clinical little man in a white coat."

" . . . . according to talk, too many Jekyl and Hydes!"

"All students should be bald. I apologise."

" . . . and have a smile for us all, believe me. When one is feeling low, a smile goes a long way."

"*I have found them a grand crowd. This is my third time in* Guy's Hospital, and I appreciate the happy atmosphere here."

The remaining forty-odd answers to this section expressed the view that they were very impressed with the appearance of the clinical students, and many thought that their bedside manner was of a high standard, too. The answer sheets are open for inspection, on request.

Conclusion

The patient's ideal clinical student is one with short or a full head of hair, wearing a white coat or jacket and trousers/suit.

The non-clinical students are seen as partly fashionable, with a small hippy influence, which may or may not be noisy. All of which we thought before, but now we know for certain.

We would like to thank the consultants concerned for allowing us access to their patients.

A. R. Rogers—A. Sutherland.

CORRESPONDENCE

Free for Appreciation

SIR,—In your last issue you published a letter on "Degenerate Art", which can only be taken as a legpull, containing as it did such delicious clichés as "rooted in the soul of the people" and "alien to British cultural tradition"! However, since the pictures in question are due for replacement at the end of June, perhaps some information on the Nuffield Trust pictures would be useful, otherwise Mr. Mitchell, like the "Butterfly That Stamped" might think that he was responsible for their disappearance.

Over 10 years ago the National Hospital for Nervous Diseases, inspired by Sheridan Russell, started to hang original paintings by contemporary artists. The Nuffield Foundation was approached and with its support the scheme was extended to other London hospitals. The pictures are on loan for a period of two years in the first instance, after which an exhibition is held at which hospitals choose their pictures for the succeeding two years. The loan is free; the Governors meeting a nominal charge for insurance etc. A hospital may not receive its first choice but an undertaking is given that all pictures supplied will be hung, and hung only in public areas. The object of the scheme is to stimulate interest among patients, staff, students and visitors, whether the reaction be pleasure or dislike, and to promote discussion and provide diversion.

Guy's has at present 25 Nuffield pictures dispersed throughout the Hospital, ranging in theme from the frankly geometric and the abstract to landscape and representation, and in size from the giant "Swans" in the Dispensary Waiting Room to the exquisite small South American landscape in the Dental Department. We have been fortunate during the past ten years in having more Nuffield pictures than any other hospital in the scheme. It is to be hoped that our new allocation will be as large and as varied as before.

Yours faithfully,

LADY BOLAND

Counting House,
Guy's Hospital,
London, S.E.1.

Food For Thought

SIR,—Having read the letter in the *Gazette* (6th June) entitled Exhibition of degenerate Art, 1970? I feel I must make a few comments as to why I think the writer in taking a conformist attitude to modern art, is in danger of criticizing what he fails to understand.

He states that "Modern (Abstract) Art has a money-fashion 'in' basis and as such is distinctly alien to British cultural tradition".

Genuine, modern (abstract) art is neither a financial racket (although when exploited is such) nor is it alien to British cultural tradition. Today in terms of culture there is no differentiation between countries or continents. Modern art in Paris is modern art in Sydney and modern architecture in London at Guy's Hospital (Tower Block) is modern architecture in Brasilia. Modern writers too, although from different countries tend to write in the same philosophical vein. We are entering an era which tends towards a uniform culture.

May I try to explain these points. About two hundred years ago Hegel propounded the philosophical concept of synthesis as opposed to thesis and antithesis. This was developed by Kierkegaard and later led to the basis of existentialistic thought under Jaspers, Satre and Heidegger. If these philosophies are studied, they will in all honesty seem to be antiphilosophies. These concepts have lead to a relativistic even nihilistic attitude towards life.

These thought forms have percolated through every branch of culture besides philosophy. The first discipline which was affected was Art, with the impressionists trying to find a universal in their creative field, e.g., Monet, Van Gogh, Gauguin, Cezanne, Picasso. Next to be influenced was Music, e.g., musique concrete by Pierre Schaeffer. Then the General Culture and Literature with the writings of Henry Miller, John Osborne, Dylan Thomas, Hemingway. Finally, Theology with the God is Dead theologians, e.g., Paul Tillich.

Concerning Modern Art and Music I would like to give two examples which emphasise the point. Jackson Pollock whose later art involved the chance dripping of paint on a canvas, because he reasoned that if life is meaningless and therefore self-expression pointless why not see if there is any meaning in this impersonal universe through this chance method of creation. He did not find meaning and in despair committed suicide in 1956 at the age of 44.

John Cage's music is a direct result of his philosophy, he is in an impersonal universe (nothing is real or matters) then why shouldn't his music be just a conglomeration of chance electrical noises.

I think also that these points have a bearing on the discussion we have been subjected to recently within the Hospital on the length of students hair and their style of dress. I feel that while the mode of dress is governed mainly by convention it does to some extent reflect the wearers attitude to life. If life is meaningless, if we are only the results of blind chemical chance why should it matter how one dresses? Thus the real drop-outs would be the least hypocritical and most consistent to the philosophical concepts to which we as a society tend to acquiesce.

This prompts me to ask the writers of the letter entitled "Sixteen Hairs" on what basis do they think that dress is a moral question in that they feel a senior member of staff has a moral responsibility to guide students as to how they should dress.

May I therefore summarise these points by saying that we, in a world society which holds a basically nihilistic and relativistic concept of life—consequently making social expediency the only basis for morality in all fields of cultural and social behaviour—are therefore in no position to pass condemnatory judgment on aspects of culture in our environment which do not seem to us to be morally good. In our society nothing can be absolutely morally good or bad.

Where there is no absolute basis for morality every man does as is right in his own eyes.

Yours absolutely,

STEPHEN C. BAZLINTON

East Wing,
Guy's Hospital, S.E.1.

A Wrong Premise

SIR,—Let us be clear about what it was I objected to. Your editorial adversely criticised a group of students because of their long hair and clothes, and I suggested it was wrong to do this. The 16 signatories to the letter in your last issue linked long hair and unusual clothes with lack of cleanliness and hygiene. It may be recalled that I made the point that you in no way accused these students of committing any sin other than having long hair and unusual clothes. If the signatories wish to establish standards of cleanliness and hygiene among the students (and why not include staff, technicians, and almost everybody else in the hospital and medical school?) then I *may* agree with them. Let them be clear about what it is they are objecting to, and also exactly what disciplinary steps they propose to take. I have seen students with dirty nails, and as far as I remember their hair was the right (?) length and their clothes were, I suppose, acceptable. I have visions of the Dean organizing an inspection committee to make sure that *everybody* reaches a certain standard of cleanliness. Even the Army abandoned about 25 years ago the routine inspection of soldiers returning from leave.

It occurred to me that Dr. Stafford-Clark could make a useful contribution not only on why young people have different hair styles and dress, but also on the hostility these differences provoke in other people. The Bible is somewhat equivocal on this subject. The benefit Samson derived from his long hair seems to have been cancelled out by the fate of Absolom, and I cannot make much sense of the context in which Matthew (10.30) says, "But the very hairs of your head are all numbered".

In spite of the dire foreboding in the last sentence of the 16 signatories' letter, I have every confidence that Guy's will not founder on the rocks of Hippiedom. There is probably more danger in trying to limit freedom and adhering too much to convention.

Yours faithfully,

J. JOSEPH

Anatomy Department,
Guy's Hospital Medical School.

The Hair of the Dog

SIR,—It has been interesting to watch the development of the controversy in your columns concerning the length of hair that is sported by students as they tread their way through the Park. The latest letter (signed by no lesss than 16 people from the East Wing—of whom, let it be noted, only one appears to be a member of the fair sex) is yet a further example of the thinking that, because a student chooses to let his hair grow instead of having recourse to the out-dated norm of "Short back and sides", he must, of necessity, be "Failing to uphold the reputation of the Hospital, school or profession".

It will obviously be unnecessary to remind your readers of the names on which the reputation of Guy's has been built—a quick survey of the names which grace the various buildings and wards will suffice—but one might be forgiven for mentioning the almost legendary Keats, Bright and Addison. Fortunately, it is not difficult to find pictures of these illustrious gentlemen, and there is thus no problem at all in ascertaining the fact that each and every one of them chose to wear hair (whether natural or in the shape of a wig I know not) which was of such a length as to qualify its owner, were he alive today, for inclusion in the ranks of the hippies. Despite this fact, the reputations of these brilliant predecessors of those who walk the Medical School today remain untarnished. It was not on account of their long hair that their names were permanently associated with diseases.

The gentlemen to whom I have referred above—notable pillars of their profession—chose the length of hair that was fashionable in the times in which they lived. Surely our students should not be disciplined for wishing to emulate the example set by these very Models of Medicine from the past? Some of those students with long hair look really pretty—especially the clean ones.

A. LANGHAAR

1 Barber's Court,
London, S.W.3.

B.M.S.A. Conference

SIR,—May I make use of your columns to inform readers that the B.M.S.A. is holding a Tropical Medicine Conference, in London, from 13th-17th July, 1970.

The conference has been designed to instruct in medicine as it is found in the Tropics, rather than a classic list of diseases, their symptons, signs and treatment. One afternoon is, however, being devoted to Tropical medicine as it concerns the Doctor in Britain, an ever-increasing problem.

The Conference is open to all whether student, or qualified, and is of particular interest to those intending to spend some time in the Tropics.

Further information on request.

Yours sincerely,

LYNNE HAMPSON
Secretary to Tropical Medicine Conference

East Wing,
Guy's Hospital.

NOTICES

Synopsis of Events at the Meeting of the Students' Club's Council on Friday, 29th May, 1970

1. The following Representatives and Sub-Committees were elected:—
   - (a) Representatives to serve on the Club's Union Council:—
     Mr. B. Dick.
     Mr. C. Lacey.
     (Mr. J. P. C. McGlone is an ex-officio member).
   - (b) Officers of the Book Exchange:—
     Miss A. Dick.
     Miss A. M. Quilty.
     Mr. J. Squires.
   - (c) Entertainments Sub-Committee:—
     Mr. C. Lacey (Social Secretary).
     Miss A. Dick (Deputy Social Secretary).
     Miss J. A. P. Leithead.
     Mr. D. Carmichael.
     Mr. J. Lewis.
   - (d) Medical School Catering Sub-Committee:—
     Mr. C. Rowland.
     Mr. A. Royston.
   - (e) Wine Sub-Committee:—
     Mr. J. Dine (Bar Secretary).
     Mr. J. P. C. McGlone.
     Mr. C. Ryan.
   - (f) Members to assist the Senior Secretary in the day-to-day running of the East Wing:—
     Miss A. Hill.
     Mr. J. Lewis.
     Mr. A. Rogers.
   - (g) Billiards Room Sub-Committee:—
     Mr. J. Grace.
     Mr. J. Squires.
   - (h) B.M.S.A. Sub-Committee:—
     Mr. A. Rogers.
     Mr. J. Squires.
   - (i) Medical Students' Stroll Committee Representative:—
     Mr. D. Cottam.
   - (j) New Hostel Working Party Committee. Students' Representatives—
     Mr. B. Dick.
     Mr. A. Rogers.
     Mr. C. Rowland.
   - (k) University of London Union Representatives:—
     Miss A. Hill.
     Mr. B. Dick.
     Mr. C. Lacey.
   - (l) Student Representatives to the Council of the Medical School:—
     Mr. D. Carmichael.
     Mr. D. Downing.
   - (m) Council Member to be responsible for the production of the Students' Club Handbook (with power to co-opt help).
     Mr. J. P. C. McGlone.

2. **Discussion on the damage caused during Rugby Cup Final "Rag".** It was decided that the Council would confirm its previous resolution to disassociate itself from the "Rag" and all the ensuing damage, and that the people who caused this damage should be held responsible for the expense incurred in repairing it.
3. It was decided to erect a briefcase rack on the back of the Club's mail pigeon holes and to put up a notice board on the back of the personal mail pigeon holes for Club's Union Posters.
4. The "Inflam" committee was given a grant to purchase two new transcription units, an amplifier and some new loudspeakers.
5. It was proposed to hold monthly meetings of the general student population to foster better communication between the student body and the Council. The first of these meetings will be held in the North Common Room in the East Wing at 5.30 p.m. on Tuesday, 23rd June, 1970.

J. P. C. McGlone, Secretary.

The South Wales Monmouthshire Guy's Hospital Society

The 19th Annual Dinner was held at the Park Hotel, Cardiff, on Saturday, 4th April, 1970, on the evening of the Wales v. France Rugby Match at Cardiff Arms Park. The Chief Guest was Dr. J. C. Houston, Dean of the Medical and Dental Schools at Guy's, and Mr. J. L. Goodliffe, Appointments Officer was also present.

Dr. W. B. Webb installed Mr. E. C. Lewis as President. Mr. Morwent Brown and Mr. Hugh Harley resigned as joint Secretaries and were appointed permanent Chairman and Vice-Chairman respectively. Mr. Hugh Harley and Dr. Rendell-Baker, now in New York, co-founder secretary of the Society, were made Hon. Life Members. Dr. Tony Thomas and Dr. Glyn Davies were appointed Joint Secretaries and Mr. Graham Davies president-elect.

It was announced that the target of £250 for the I. J. Evans Memorial Fund had been nearly reached and it was hoped to surpass this figure by June or July, when it was hoped to close the fund.

SPORT

SPORTS COMMENT

It was a great pleasure to see once again, that Guy's Athletic Club won the United Hospitals Athletic Cup. This is the seventh year that the grand shield will hang in the medical school office. The shield has been there so long that it has been accepted as part of the permanent furnishings of the office. I doubt if many people have even noticed it. However it represents just part of Guy's continuing sporting success.

This year, the athletic match was almost completely dominated by Guy's, indeed the winning margin of 40 points between ourselves and the runner's up fails to convey the way Guy's won nearly all the running events, taking both first and second places. Guy's also had the largest team present. It was a great effort on the part of the Captain, Tony Fallowfield and secretary, Dick Walsh, to get out this strong side.

With such strength in the team it is sad that the Hospital cannot look further afield than the inter-hospitals matches for the bulk of the fixtures. What is needed to sharpen up the performances of the members of the team would be some matches with other athletic clubs around London. This would be of great use particularly for the clinical students, who are left with no hospital athletics after the end of the very short Guy's season.

However this year has again showed there is great depth of talent, as far as athletics is concerned, at Guy's. No matches have been lost and the London University, and United Hospital trophies have been won.

ATHLETIC CLUB

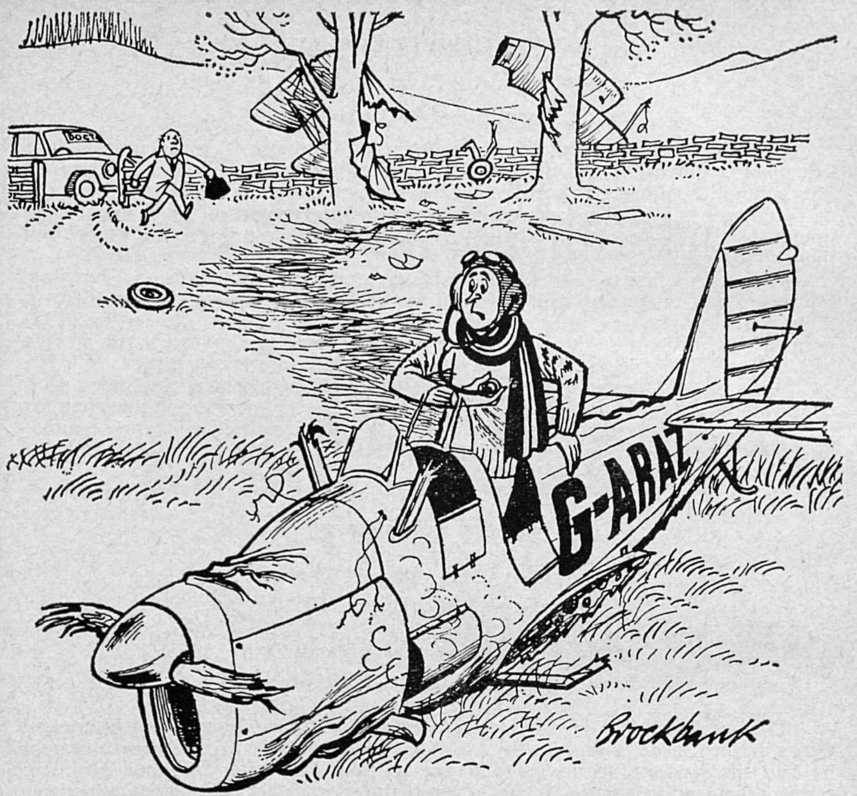
Report on the 92nd Annual Meeting of the Inter-Hospitals Athletics Championships held at Motspur Park on Saturday, 6th June, 1970

Guy's fielding their strongest possible team once again won the championships for the seventh successive year and by one of the biggest margins of points in the history of this meeting. In almost perfect conditions the strength and depth of an enthusiastic side proved too much for the opposition and Guy's were easy winners (106 points) with St. George's (66 points) and Westminster (54 points(being runners-up and third respectively, a long way behind.

Notable performances of the afternoon were by Kevin Sommie, winner of the 100m. and 200m. and of Roger Blachwood, winner of the triple jump and second in the discus, the latter event being completely foreign to him until this particular afternoon. We were grateful to Barry Hartley, now qualified and competing in his seventh championship, for turning out and winning the javelin in an impressive if somewhat unorthodox fashion. Ian Morgan once again stamped his authority on the track by winning the straight 400m. and 400m. hurdles. Congratulations must also go to Tim Higenbottam who showed the university athletes how to throw the shot and also ran second to Kevin Sommi in the 2oom. Paul Kirtney jumped exeptionally well to finish runner-up in the high-jump and was unlucky here not to score another notable victory. Needless to say these performances needed backing up in the remaining events and here Tony Fallowfield (400m. and 1 mile), John Novak (100m. and L.J.), Barry Jones (400m. hurdles and 800m.), Kevin Sheppard (Javelin), Less Ross (2000m. st'chase), Howard Holliday (Hammer) and Richard Walsh (T.J.) all played the parts in making sure that the United Hospital Shield continues to hang in the Medical School office.

The U.H. annual dinner which this year was held at the Middlesex Hospital on Wednesday, 10th June was enjoyed by all of those who attended and passed off with the usual festivities and heightened by the after-dinner wit of Dr. Roger Bannister who I am sure needs little introduction to readers. I take this opportunity on behalf of all the members of the athletic club to congratulate Phillip Hollywood and John Sear of the London Hospital for organising the dinner and for the splendid way they have revived and managed the running of the U.H. athletic club this season.

R.J.W.



MERELY MORTAL

Horrible things only happen to other people–or do they? We have plenty of people on our books who turned out to be mortal after all, even though they were students at the time. Some of them will never work again. But they were wise enough to take out a Foundation Policy. It didn't cost them much (just £4.0.0 a year) and now we are paying them a regular monthly income and will go on doing so either until they are fit or until they reach the age of 65, whichever is the earliest. Isn't it time you realised that everybody is merely mortal – including you? Post the coupon for details of our Foundation Policy.

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5039

CRICKET CLUB

INTER-HOSPITALS CUP

18th May, 1970, at Middlesex

Result: lost by 67 runs.

The Cup matches are notorious for their depressant effect upon Guy's full playing potential, and this game proved no exception. In fact the nearest Guy's came to winning was at the official start of the game when only a couple of Middlesex players had arrived. Such must be accepted in the game of one-upmanship. However when they were at last fully assembled, the "toss" put them in to bat.

Middlesex's first two wickets fell with great ease to Fordham's cool bowling. However they recovered with a fourth wicket stand of 81 which put them in quite a strong position after dinner. They were all out for 145 in the afternoon after Fordham's quite brilliant bowling, averaging 7 wickets for 59. He was ably supported by Clifford Jones and O'Keefe.

With quite a challenge that Guy's had been set, the team responded with confident batting. However after a few overs this spirit was extinguished by the loss of the two opening batsmen. From then on it was only grim determination which prevented complete collapse. The final wicket fell at the score of 78, Goodhart scoring 24 and Jones 20.

STEVE O'KEEFE

1st XI CRICKET

Saturday, 30th May v. Dover

Result: Guy's, 105; Dover, 106 for 3

Sunday, 31st May v. Highland Court

Result: Highland Court, 247; Guy's 116

This weekend was thoroughly successful in all fields, except that of cricket. Guy's arrived in dribs and drabs at Dover and though Croft must have thought he had the wooden spoon for arriving an hour late after hitching, Holliday carried the trophy away . . . he never featured at all. (The Secretary accepts all the blame.) Guy's lost the toss but still contrived to bat first since only 6 players had arrived. O'Keefe had blown his top somewhere on the M2 with the captain on board. He still managed to survive longer than anyone else at the crease and Guy's crawled to 96 for 2. However, after tea, Guy's were all out for 105, presenting Dover with no problems.

As the shadows lengthened the team hit the bar and before long Hanson and Ramsey were competing "in vivo" to the sound of numerous cat-calls. Hanson reduced the audience and won outright. After numerous jugs the members parted ways—the youths went off to the harbour, where Hanson's seductive charms were once again in evidence. We would hate to think what the water looks like in daylight.

Meanwhile, back at the curry house the more staid members were antagonising the natives. The bathers arrived just in time to prevent "bovver" as Pennant was too weak to karate 20 Pompodoms anyway. On emerging (see you again next year) the captain put the "bovver boys" in their place, his new fitness being an asset in such a tight spot. The Hotel was at last reached and was very good, though the pillows were foam rubber.

The following day Highland Court made short work of us though once again we tried hard. Burns showed how important it is to keep your eye behind the ball and Hanson gave the tail sting. Previously Ramsey had bowled very well for 5 for 47. The innings was rounded off, for the second time, by Pennant—securing his position at number 11. Altogether this was a great weekend enjoyed by all those who took part.

Team: A. Gillham, R. Burns, M. Fordham, C. Langdon, J. Ramsey, M. Levene, C. Croft, S. O'Keefe, R. Hanson, M. Winter, S. Davdodhboy, B. Rolands and H. Holliday.

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WATER POLO

UNITED HOSPITALS KNOCKOUT

2nd June.

This season, Guy's won the University knockout for the first time ever and won the U.H. League to break a four-year monopoly by Mary's, and became the first hospital in memory to win the University league. This left only the U.H. Knockout to complete a quite phenomenal grand slam.

It appeared from the draw that the passage of Guy's and George's to the final should be pretty well a formality. But some of the best strategy of the evening was Guy's neat stalling of the start of the first game until the whole team arrived.

The second team played London II in the most loudly supported game. Despite increasing their attack infinitely in the second half, they went down 1—2.

The first team reached the final with convincing wins against Westminster and London. The semi-final involved only walking over the Bart's captain, whose team had deserted to the bar in fright.

The final against George's, who included a British Universities player and also a G.B. triallist, was not the greatest of games but was certainly exciting. Early goals by Challacombe and Jones evidently did not impress George's who pulled into a 4—2 lead by the last quarter, scoring their fourth when Guy's had three players on the side for committing major fouls. Despite scoring from a penalty early in the last quarter, and a penalty save by Wright, Guy's looked to be in trouble until Jones broke away for a good saving goal with seconds to spare.

Spurred on by the comeback, by the presidential support from Mr. and Mrs. Cambell, and not being exactly dead keen to be losing finalists for the fourth year in succession, Guy's clung grimly to the one goal scored early in extra time, to win the competition and complete the grand slam which surely will not be emulated by any hospital for many years if ever.

Guy's I: Wright, Challacombe, Skinner, Adkins, Bevis, Northcott, Jones.

Guy's II: Lovell, Sands, Yetton, Clark, Monson, Bowering, Rowlands.

TABLE-TENNIS CLUB

This term has been very eventful for the table-tennis club. Firstly we organised the technician's cup and a staff match. We also won the inter-hospital's cup, Guy's easily beating Westminster, the London and Middlesex hospitals. However the most exciting event was the great Guy's hospital table-tennis championship.

This tournament was staged in the table-tennis room on 6th May. Over sixty people signed up to play, and although not everbody turned up, this year's entry was by far the highest Guy's has ever known.

The powerful Miss Fiona Odle dominated the ladies' tournament with inspiring wins over Miss Caron McCarthy and Miss Sally Batcheldor. In the final Fiona overhauled Miss Amanda Owen to take the ladies cup. It is worth mentioning that Miss Batcheldor was a last minute substitute and did well to reach the semi-final.

In the men's tournament Kenneth Wang, Chris Willis, Colin Wing and Steve Willis all reached the semi-final stage without any trouble. In the first semi-final Steve Willis beat the 1968 champion Calvin Wing after a hard hitting game. The second semi-final was a game of "pit-pat," Chris Willis doing very well to take a set from the formidable champion Kenneth Wang before narrowly losing in the third.

In the final the oriental style of Kenneth Wang completely mystified Steve Willis who found himself frequently hitting the ball into the spectators. Kenneth walked away with the cup.

The championship was a great success and everybody thoroughly enjoyed the afternoon. We would like to see this success continued next season when many more internal championships will be organised.

ARMY MEDICAL SERVICES

TERRITORIAL ARMY VOLUNTEER RESERVE

The sponsored units of the Army Medical Services, TAVR, offer an interesting opportunity of part-time service.

Volunteer units in which medical officers may serve include a General Hospital, a Field Hospital, a Field Ambulance, a Field Medical Company, a Blood Supply Unit, and a number of Specialist Teams. The role of these units is in medical support of the Regular Army.

The training commitment is for two weeks' camp and two weekends every year. Training takes place in the United Kingdom and overseas.

Regular Army rates of pay are applicable during training. In addition, a Bounty of £60 is payable on completion of the year's training.

Medical officers are accepted from doctors who have completed registration and are under the age of 45 years.

For further information, please complete and despatch the coupon below.

……………………………………………………………………

Detach this slip and post to :

Commandant,
Central Volunteer Headquarters,
Army Medical Services (G),
Keogh Barracks,
Ash Vale,
ALDERSHOT, Hants.

From : (BLOCK LETTERS)
…………………………………
…………………………………
…………………………………
…………………………………

Please forward :

(a) Further details.

(b) Application forms for a commission.

(Signed) …………………………………

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited from registered dental practitioners for the appointment of **Registrar/Demonstrator** in the Department of Dental Prosthetics with atendance on two *seessions per week for the period 1st October,* 1970 to 30th September, 1971. The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **17th July, 1970.**

PASS LIST

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

FINAL EXAMINATION, MAY, 1970

Miss S. M. Andrews
Miss E. V. Bradford
Miss F. M. Dallosso
Miss J. G. Davies
Miss P. A. Mason
Miss S. Mason
Mrs. B. J. Morgan (née Evans)
Miss S. D. Peppiatt
Miss D. C. Sanderson
Miss P. A. Sinclair (Credit)
Mrs. J. M. Slade (née Chapman)
Miss E. R. Taylor-Balls.

CHANGES OF ADDRESS

Mr. T. S. Allen, Pantiles, Shirley Drive, Hove, BN3 6QP.

Mrs. J. Baker, Flat 1, 55, Hans Road, London, S.W.3.

Mr. and Mrs. Roger Chance, Southstoke, 1, *Littleham Road, Exmouth, Devon.* Tel: 5002.

Mr. and Mrs. W. A. Crabbe's address from the 16th June, 1970, will be: Flat 6, 29, Trinity Church Square, London, S.E.1. Tel: 407 7918.

Dr. Q. F. Neethling, P.O. Box 310, Heidelberg, *Transvaal, South Africa.*

Dr. and Mrs. D. J. Openshaw, 41 Dundonald Street, Apt. 1802, Toronto 284, Ontario, Canada. Until May, 1971.

PERSONAL

FOR SALE—DENTAL PRACTICE: Bath. Owner retiring. Tel: 21096.

GUY'S HOSPITAL PHYSIOTHERAPY AUTUMN BALL

On Friday, September 25th, 1970

Dinner Dance at The Royal Lancaster. Double Ticket, 5 gns. Apply: Miss Lyons or Miss Wakefield, School of Physiotherapy, Guy's Hospital.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS R. S. TROMPETER and S. M. KILPATRICK

SPORTS CORRESPONDENT T. W. HIGENBOTTAM

NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2138

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Service

In common with the headlines sported by the national press, our last Passim took the findings of the opinion polls at face value, making no allowances for the British electorate to simply change its mind. The new, untested, administration in Whitehall has unwittingly forced a lull in the storm between practitioner and parliamentarian. The newly-appointed Minister of Health and Social Services, under a true blue conservative wing, has been able to calm the waves whipped up by a profession for once exhibiting a modicum of militancy. A clear clarion call has offered the reinstatement of the independent review body, under the capable chairmanship of Lord Kindersley. All this without a chance for the blotting paper in Whitehall to have been changed. At Harrogate "—the B.M.A. meeting voted, without any hands raised against, for a motion to withdraw the sanctions—non co-operation in administration of the Health Service and refusal to sign sickness benefit certificates."

This sudden change of mood is strongly suggestive that mutual suspicion existed between the former government and the medical profession. A suspicion of each other's intentions. Perhaps one positive result arising from the whole, as yet unresolved, affair is an even tighter bonding between the individual representative groups of doctors. The hastily formed Action groups are now left with little to act on. However, it is imperative that these vigilantes remain wide-eyed to future exacerbations of the pay and conditions dispute. Without a keen and active younger branch, the administration of the Hospital service will remain uncontrollably in the hands of a relaxed and rather discouraging leadership.

With these sentiments in mind we must applaud and congratulate two well-known Guy's figures on their election to serve at Westminster.

Dr. Gerard F. Vaughan, Consultant in Child Psychiatry has been elected as the Conservative member for Reading. Dr. Vaughan has always been well known for his tireless work both within Guy's and the City of London. Dr. Anthony Trafford, an old Guy's man and now a consultant physician, was elected as the Conservative member for The Wrekin. We wish these two "medical politicians" together with the many others every success in their new service.

Abdication of Responsibility

The National Press made a great sensation out of the recent refusal of a group of Nurses to co-operate in carrying out abortion procedures, forgetting that the 1967 Act included a "conscience" clause for just this purpose, so that any person who objected on conscientious grounds could opt out with no recriminations. The Abortion Act cannot be criticised on this point, which it made quite clear. However, it is not so clear when it deals with the circumstances under which the Act can be invoked.

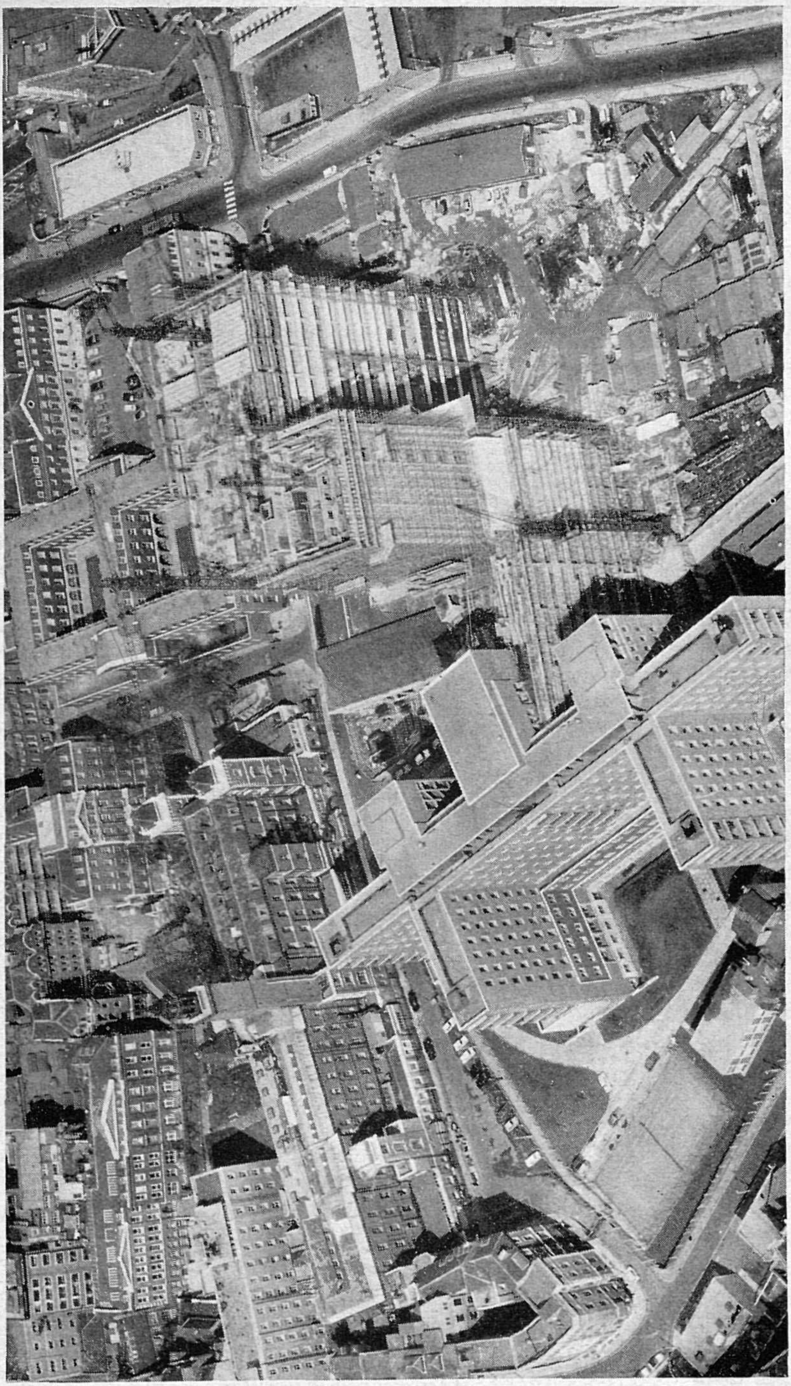
At present the Act can be interpreted in many ways depending not only on the circumstances of an individual case but also on the beliefs of the doctor concerned. It appears that someone with sufficient determination or cash can, if necessary, obtain an abortion "on demand", whereas someone with less intelligence or persistence may be unable to do so. Because of his valuable knowledge a doctor should certainly act as counsellor or guide but it is wrong for him to have to act as a judge on what is not just a medical problem.

The situation has now been allowed to develop in which there is widespread criticism of the working of the Act but little attempt to do very much about modifying it. Doctors are being used as a substitute for the public conscience while those not directly concerned can sit back and disapprove. This is a workable status quo in which the only losers are the minority directly involved—the doctors and their patients.

Because of their training and experience doctors and other persons of influence in society should certainly guide public opinion, but it is for public and Parliament to decide on the general circumstances under which abortion may be allowed. The "conscience" clause, of course should remain. This is not an argument about the rights or wrongs of abortion but over the question of whether it is fair for one man to have to use his conscience to decide a question that has been "shelved" by others.

Reach for the Sky

As concrete and glass climb towards the sky in the shape of the Guy's new "Tower Block" we publish another photograph illustrating the progress in building. The building now nearing twenty stories high has added a definitive new landmark to the Southwark and Bermondsey skylines. The umbilical connection with New Guy's House is nearly completed and the noise level appears to be gradually proceeding skywards. Safety nets festoon the upper reaches of the structure the only barrier between the cat-calls of the scaffolders and the pedestrians below.



THOMAS GUY AND THE FOUNDATION OF HIS HOSPITAL

A Personal Appraisal

by DAVID PUGH

Thomas Guy was for 20 years a most devoted and generous governor of St. Thomas's Hospital. I have never understood how it came about that he founded a rival hospital across the road. The problem becomes even greater if one remembers that during his years as a governor (1704-24) there were only two real hospitals in London; St. Bartholomew's in the City and St. Thomas's in Southwark. Guy had virtually the whole of London in which to found his own hospital and yet he chose to build it next door to St. Thomas's. I have always presumed that he had either quarrelled with St. Thomas's or in his old age he was senile and had made a mistake in his will.

There is no evidence of any quarrel between Guy and St. Thomas's. In 1720 the Governors were pleased to lease Guy a plot of land across the street for his new hospital. In 1724 Guy was still giving money to St. Thomas's for new buildings. As far as his sanity is concerned, Guy was in full command of his senses until his death. As evidence I cite three points. Firstly in 1720 Guy (aged 75) was intelligent enough to sell his shares in the South Sea Company when the rest of England was buying. Secondly, Guy was responsible for much of the architectural design of his hospital; his building was acclaimed at the time and very little criticism can be made against it after 250 years. Thirdly, on reading Guy's will, made in September 1724 only three months before his death, one finds it to be a most carefully worded document, with nothing omitted and every detail precisely recorded. No lawyer could have written it by himself. I suggest that the reason for Guy's extraordinary decision in founding his hospital in Southwark can be found by studying his life and character.

Thomas Guy was born in Southwark in 1644. His father died when he was eight years old. His mother took him to her native town of Tamworth in Staffordshire where he was brought up and educated. He returned to London in his teens to serve his apprenticeship. He then set himself up as a publisher and bookseller in the

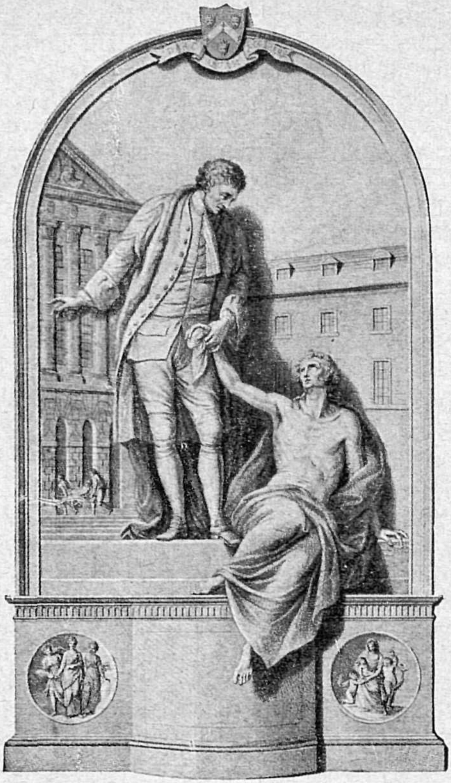
City, and made a considerable fortune. Guy was a deeply religious and humble man. Outside his work he had only one interest and that was the suffering of his fellow men. He devoted the whole of his life to good works and charitable causes. It is fair to say that he sought neither fame nor title. This much is known about Guy, but I suggest that he was a man of tremendous energy with an unorthodox outlook on life. He clearly liked people and enjoyed their company. He was highly intelligent and had the great gift of being able to examine a problem without being influenced by traditional or contemporary thought. Having decided what to do about any particular problem, he set about dealing with it to the best of his ability. There are three aspects of Guy's life and character that can easily be studied : businessman, humanitarian, and philanthropist. These three aspects ran quite separately during most of Guy's life, but in his old age they came together and brought about the foundation of Guy's Hospital.

Businessman

Shortly after he had established himself in the City as a publisher and bookseller, it became quite clear to Guy that it was essential to produce well-printed cheap bibles. In those days, everybody had to have a bible just as much as we think that today everybody must have a G.P. The publishing of bibles was hedged about by all sorts of restrictions and traditions. The publishers tended to produce large, expensive tomes that were not easily available to the ordinary man. Guy set about his task with characteristic energy. He, first, illegally imported bibles from Holland and had several clashes with the Law. Secondly, he managed to get the right to print bibles for the moribund Oxford University Press. They eventually quarrelled with Guy and his presses were broken up on the Vice-Chancellor's orders in 1692. Guy was always a rebel in business. He refused to accept the dictates of the Stationer's Company and fought many a battle with them. Even in his old age, when he was highly respected, he always refused the offer to be Warden of the Guild.

Humanitarian

Throughout his life, Guy had a deep sympathy for the underdog, the sick, the debtor, the poor, the starving and the mentally disturbed. Not for him was the ecclesiastical dogma that suffering was a way to heaven, nor the secular thought that the poor were lazy and drunken. For Guy these people were human beings in distress and he helped them as best he could. Guy was certainly in London by 1160. He must have seen the suffering caused by the Plague in 1666 and the Great Fire in 1667. One of his endless tasks was the relief of debtors from prison and one can presume he was aware of conditions there. Throughout his life he gave away small sums of money to help the individual poor. During the last 30 years of the 17th century, sailors were discharged from the Navy without pay, but with a promissory note (seaman's ticket). There is no doubt that Guy bought these tickets to save the men from starving. He could



TOMB OF THE FOUNDER
(From the engraving by Bartolozzi)

not have possibly known that 20 years later these tickets would help increase his fortune. As a governor of St. Thomas's it was his weekly duty to be present on admitting and passing out day. (This was held on Thursday, but was later changed to Tuesday and is the reason why "take in" week in Guy's still starts on a Tuesday.) Guy was deeply moved by the condition of some of the patients being discharged. He realised that some of them were not fit to return to work and were penniless. He covenanted £100 a year to St. Thomas's for the express purpose of giving these poor patients a few practical comforts and money on their discharge. Most of us have a limited amount of sympathy and eventually we manage not to see the suffering around us. Guy retained his sympathy and compassion until the end of his life. The debtor, the poor and the mentally disturbed were not forgotten in his will.

Philanthropist

By the age of 35, Guy had accumulated quite a large fortune. Being the man he was, he started to give it away. The first object of his charity was the town where he had been brought up—Tamworth. For nearly 30 years he gave this town large sums of money. He built an almshouse, a new part of the grammar school and a new town hall. Guy was M.P. for Tamworth for 12 years. In 1707, aged 63, he stood again and the good citizens of Tamworth in their wisdom (or lack of it) rejected him. Guy was human enough to be deeply hurt and would have nothing more to do with them. One can surmise that if only Tamworth had continued to elect Guy as their M.P. for a few more years, a considerable part of his fortune would have eventually gone to that town and perhaps today there would be a Guy's School in Tamworth instead of a Guy's Hospital in London. After his rebuff by Tamworth, Guy gave large sums to St. Thomas's and other charities in London. Starting in 1708 he gave £1,000 for rebuilding three wards and as late as 1724 he gave money for new gates to make an entrance into the Borough High Street.

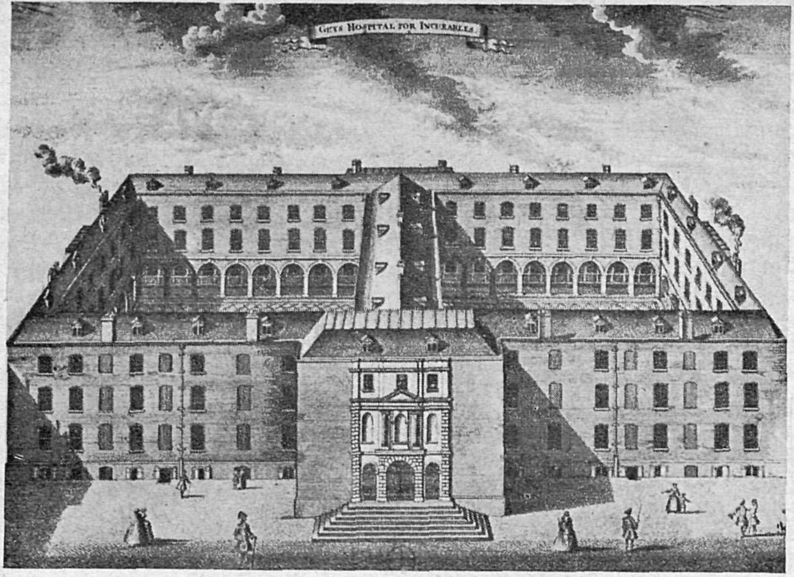
The South Sea Bubble

In 1719, Guy, aged 74, was worth about £100,000, and if he had died that year, he would have left most of his money to St. Thomas's Hospital. He would now be remembered as one of their great governors and benefactors. In 1694, the Bank of England was founded and it then became possible for people to invest in secure government stock. Guy wanted to keep his capital liquid and not tie up his money in land and property. He therefore bought gilt-edged securities. In 1710, the government of the day became enamoured with the idea of the South Sea Company. Large blocks of gilt-edged shares (and seamen's tickets) were converted into shares in the South Sea Company. Guy, with no particular effort on his part, suddenly found himself to be holding these highly speculative shares. At that time they appeared to be safe enough and he was content to leave his money there. In 1720, Guy had four more years to live. As a bachelor he could look forward to a lonely old age and yet I like to think that these four years were the happiest, busiest and most fruitful time of his life. The three sides of his character, businessman, humanitarian and philanthropist, suddenly all joined together to produce his last and greatest charity—Guy's Hospital for Incurables.

When speculation started in the South Sea Company shares, Guy mistrusted the "top management" and in the course of three months he sold out. His £54,000 in the South Sea Company was converted into £234,000 in cash; this all before capital gains, death duties and income tax!

Hospital for Incurables

Guy realised that he could make one last great contribution to his fellow men. If he had been an ordinary man he had two choices (1) to build a large extension to St. Thomas's Hospital, or (2) to found



Thomas Guy's original building.

a separate hospital elsewhere in London, but Guy, being unorthodox and on the side of the underdog, saw that there was a third possibility. He had been impressed by the condition of some of the patients being discharged from St. Thomas's Hospital. It is perhaps forgotten that in those days once a patient had received treatment for any particular disease and had been discharged, he could never be re-admitted. There was, therefore, a large group of patients who had had a full course of treatment, without benefit, and because of pressure of bed space, had to be discharged. These patients were called "Incurables". Guy, 250 years ago, saw the great problem and he tried to solve it. He decided he would build for St. Thomas's a separate wing for the "Incurables". These patients would be admitted from St. Thomas's for a further period of convalescence and rehabilitation before being discharged home. The governors of St. Thomas's agreed to this proposition and leased Guy a plot of their land across the street. It was, of course, presumed by both parties that the land and building would eventually belong to St. Thomas's.

Now Guy, the great philanthropist, got to work. He had been putting up buildings for 40 years and knew all the problems. He was determined to build the most up-to-date hospital possible. He put into his building all the best features of St. Thomas's and eliminated all the known snags. The ground floor was a system of colonnades so that all parts of the building could be reached under cover. The wards were on the first and second floors, L-shaped with a window between each bed for light and ventilation. Having got the building right, Guy set about getting the administration right. St. Thomas's had been troubled with financial problems. They solved this by having a resident Treasurer. Guy appointed the Treasurer of St. Thomas's to be also the Treasurer of Guy's. In seeking perfection, Guy made his one mistake. He tried to avoid the problem of having too many governors, which had, in the past, made administrative difficulties at St. Thomas's. Guy elected that his hospital should have a separate court of governors with a minimum of 40 and a maximum of 60. He was unable to foresee that this would lead to the foundation of a separate hospital.

Guy's Death and the Foundation of a Separate Hospital

In his will, Guy left his hospital and endowment to nine governors of St. Thomas's. Guy died in December 1724, and his hospital was opened a year later. Within five years, the governors were in great trouble. They realised that they could not possibly look after all the "Incurables" coming out of St. Thomas's. They had to make a major decision. Either Guy's had to be an almshouse or a hospital. As they had this magnificent new building—the first purpose-built hospital in London—and the tremendous endowment of over £200,000, they rightly decided to become a hospital. Guy, careful as ever, had put a "let-out" clause in his will allowing this to happen. In 1732, Guy's changed from being a "Hospital for Incurables" to an independent hospital in its own right. St. Thomas's, promised so much by Guy, received nothing and were left with a rival institution across the street. In spite of this, St. Thomas's were very kind to the new hospital and the two hospitals lived in a spirit of friendship and co-operation for 100 years. In those early days they were known as the "Borough Hospitals".

Today we remember Thomas Guy as the founder of Guy's Hospital and as a devoted governor of St. Thomas's Hospital. It is just as important to remember him as a great humanitarian, the champion of the underdog, and as a man who, throughout his life, really lived up to his motto, "*Dare Quam Accipere.*"

GUY'S DIARY

JULY

6	M	1.00	Clinical Lecture. Mr. HENRY. "Injuries of the Hip Joint."
7	Tu	1.00	Clinical Lecture. Dr. VAUGHAN.
10	F	1.00	Clinical Lecture. Mr. WATSON. "Retinal Detachment."
16	Th	1.00	Clinical Lecture. Mr. GLOVER.
17	F	1.00	Dental Clinical Lecture in Dental Theatre. Dr. GOULDING. "Hormones."

NURSING SECTION

Lethargy Amongst the Nurses

Lethargy is a disease which is present in all sectors of society, and therefore is to be seen amongst hospital staffs. Of these people, nurses appear to be one of the worst sufferers. If approached regarding this subject, they will submit innumerable excuses as covers for their failure to publicly express opinions, attend meetings and generally support any activity requiring some effort.

It is when one undertakes such tasks as becoming nursing correspondent to such an illustrious publication as the *Gazette* that this unfortunate fact becomes very clear. If one endeavours to encourage some intelligent comment and discussion by having the temerity to publish an article which is in any way provocative, what happens? Firstly, the inborn British reserve of all one's colleagues comes to the fore. Some question the sagacity of being outspoken. Others wait until a convenient moment and then attack viciously, particularly if their sector of the community is involved in comment which is critical. The suggestion, however, that they should write a letter about it immediately causes retraction and no more is heard. Few people attempt to look objectively at the subject, and fewer still to take any constructive action such as writing an article in defence!

Lack of time is the most popular excuse for being lethargic. What this usually really means is that people wish to continue ploughing their own furrow without disturbance.

We are all aware that the British are not natural extroverts. If, however, more members of the nursing profession were to demonstrate a little more enthusiasm for improvement and progress, would not the impact be greater and the lot of everyone much better? It seems incredible that people do not question decisions by which they are directly affected, and with which they disagree. They merely complain in the safety of their homes, and then submit. They simply cannot be bothered to make an enquiry.

Surely if more people were prepared to take a more active interest in the affairs which concern them, the solutions to the problems would be much more acceptable to all.

CORRESPONDENCE

Principle

SIR,—Mr. Christopher Farman in his research for the *Illustrated London News* about the problems facing Junior Hospital Doctors, kindly asked me for my views, in particular with regard to my resignation as Chairman of the Hospital Junior Staff Group Council of the B.M.A.

The article appearing on 6th June, 1970, quoted me from our interview as saying "I believe essentially that consultants want to keep Juniors in their place. They see the Juniors becoming a very strong political force if they are given a Standing Committee of their own. There are important issues on which our views diverge . . . "

I would like to make it quite clear for the record that my remarks about "consultants" was made in the context of the Consultants *Committee* of the B.M.A., namely, Central Committee for Hospital Medical Services (C.C.H.M.S.), and was not of course meant to apply to consultants in general. It was on this issue of representation and the failure of the B.M.A. to give us an equal voice in the affairs of the Association that I resigned.

Yours sincerely,

James Appleyard, M.R.C.P.,
Senior Registrar, Paediatric Department.

Guy's Hospital,
London Bridge, S.E.1.

P.S.—For several years Junior Hospital Doctors have been pressing within the B.M.A. for a greater influence, particularly on issues which concern their future. The B.M.A. Council has 50 members. Only two are appointed from the Junior Hospital Doctors' Group. The C.C.H.M.S., which is an autonomous standing committee of the Association and is responsible to the Council and the Annual Representative Meeting (A.R.M.), "represents" Hospital Doctors, and at present is composed of about 86 members, 12 of whom are Junior Hospital Doctors. For over two years it has been the policy of the Hospital Junior Staff Group which represents Junior Hospital Doctors, that it should be given the status of a standing committee within the Association so that it has the right to report direct to Council and the Annual Representative Meeting. In this way the Juniors' voice would be considered equally with those of the Consultants and General Practitioners in a "democratic" fashion within the Council (the Executive). At present the Junior Hospital Doctors have to work through the C.C.H.M.S. in order to report to Council, and can be defeated readily by 6—1. Repeated discussions with the leaders of the B.M.A. have failed, and this finally culminated in the resignation of two previous chairmen.

Subsequently, when I was elected Chairman by the H.J.S. Group Council, I was charged (by 30 votes to 1), to make a final effort to persuade the Consultants' Committee to give us their support in our quest to change the Group Council's status to that of a standing committee. We did not feel that we had any right to demand equal representation on the Consultants' Committee, and proportional representation would have given us the majority of seats which would clearly be inappropriate. We feel that there are three distinct viewpoints, those of the consultants; General Practitioners, and Hospital Junior Staff. Though there is much in common, it is only fair that any differences between Juniors and Seniors should be resolved by debate within the Council of the Association and not suppressed by the 6—1 majority in the Consultants' Committee.

After four hours of frank discussion, the Executive of the Consultants' Committee would not support us. I had no alternative but to resign. Without the secure political platform which a standing committee would provide, the Junior Doctors have no real chance of influencing B.M.A. policy. The recent tragic events have confirmed this to be true. The B.M.A. Council, with the support of the present Chairman of the Hospital Junior Staff Group, advised all doctors, including Junior Hospital Staff, to reject the "no strings attached" Government pay award of 15% to 30%, I have not yet met one doctor who is prepared to send back his new pay cheque. This unfortunate split in the profession would never have been allowed to occur if there had been adequate representation of Junior Hospital Doctors within the B.M.A.

JAMES APPLEYARD.

The Presidency of the Rugby Club

SIR,—At the end of the past rugby season Mr. J. S. Batchelor retired from the Presidency of the Rugby Club. He had held the post for ten years and his support had been constant and unflagging. As a senior member of the staff of the Hospital and a former playing member of the Rugby Club, he reminded the Club of its role in the life of the Hospital and its tradition in rugby football in this country. It is intended that a presentation be made to Mr. Batchelor at the beginning of next season and present and former members of the Club, who enjoyed their rugby during these past ten seasons, are invited to send donations to the undersigned.

Yours faithfully,

IAN BAKER.

C/o East Wing,
Guy's Hospital,
London, S.E.1.

The Hair of the Dog

SIR,—Practising within walking distance of the Kings Road, I am very familiar with the hair styles and wearers thereof seen in that area. The latter vary from the otherwise reasonably normal to the obvious drop-outs, with the exhibitionists and the homosexual in between, their female consorts ranging from the marvellously good-looking to the sluttish, the exhibitionist ones naturally being seen to better effect than their male counterparts. It is therefore natural, if these are representative of the younger generation, that there should be a spin-off of similar styles in the Hospital, though these I would guess diminish in number as the wearers develop the sense of responsibility that our vocation demands. I find Mr. Langhaar's attitude curious as his general approach, the sort of rationalisation of the permissiveness and general desire to be "with it" that is already bringing discomfiture, if not disaster, to the Chancellors and others in authority in our Universities, conflicts strangely with his final throwaway line, as those indicated might feel that the word "pretty" used, reflected on their essential masculinity, or that its possession might make them attractive to their fellows not normally sexually inclined.

Mr. Langhaar's final sentence may not, of course, carry the overtone I sense, unless perhaps quite unconsciously he is a devotee of the short at the back and sides cult like myself, a cult easy to follow in my case as my hair has largely vanished from my head although persisting strongly on the chest.

Yours faithfully,

ROBERT CUTLER.

8 Lower Sloane Street,
London, S.W.1.

"Hair"

SIR,—Your correspondents may like to look up an earlier comment in I Corinthians, 11, vv. 14 and 15.

Yours truly,

SAM WHEELER.

Hyde Beeches,
Hyde,
Wareham, Dorset.

Dressing Habits

SIR,—*As a recent arrival in this auspicious arena, I was intrigued to see your* correspondence and survey on the appearance of medical students. The dressing habits of the medical staff at Guy's are extremely elegant. Nonetheless, a doctor eleswhere has been known to diagnose a case of Garnett-Fleischaker syndrome whilst not wearing a tie. This clearly establishes that medicine can be practised without a tie. The question is evidently whether it should be. One point which should not be forgotten is that idiots occasionally wear suits. Ties and hair are misleading guidelines in evaluating people.

Yours faithfully,

MICHAEL S. ROSE.

Guy's Hospital,
London, S.E.1

BOOK REVIEWS

STUDIES IN NEUROLOGY,

by Sir Charles Symonds, K.B.E., C.B., D.M., F.R.C.P. Oxford University. Press. 341 pp. 80s.

This is a Festschrift in reverse. On the eve of his 80th birthday, which he celebrated on 11th April, Sir Charles Symonds must have delighted his friends, colleagues and pupils throughout the world by collecting into a volume some of the papers which he has published during the last half century or so.

The book opens with an all-too-brief auto-biographical sketch in which Sir Charles tells how he became attracted to clinical neurology and how he was appointed to the staff of first Guy's and later of the National Hospital, Queen Square. He also relates how Sir Gordon Holmes, the physician who in his time had the most important influence at Queen Square, was elected to the posts of house physician and later physician only after a most extraordinary series of chance happenings.

In addition to Gordon Holmes, Sir Charles gives brief accounts of many other mentors amongst whom he particularly numbers Arthur Hurst, Adolf Meyer, Kinnier Wilson and Harvey Cushing. The volume contains photographic portraits of these and if others wonder, as your reviewer did, why there is no portrait of the author, it can be revealed that the publishers would never countenance the portrait of a living author.

In this sketch Sir Charles also refers to his service with the R.A.F. during the Second World War when he made distinguished contributions to the question of "The Human Response to Flying Stress," as can be seen later in the volume.

In the selection of the papers which follow, Sir Charles has been helped by Dr. Ian McDonald. At first 30 papers were chosen from a possible 80 or so but with the over-riding desire to keep the cost of the volume within reach of those readers whom Sir Charles especially hoped to attract, the original selection was further cut so that now 21 papers are presented. They re-appear as originally printed and no revision has been attempted, Sir Charles, with characteristic humility, "leaving the reader to note where I have gone wrong". A foreword has, however, been added to each paper to provide background and brief critical comment.

The papers that are now presented naturally represent Sir Charles' main interests during his neurological career. The first two are concerned with intracranial aneurysm and although Sir Charles modestly comments that they are of historical interest only, they fittingly recall that he was one of the first (and before the advent of angiography) to diagnose correctly an intracranial aneurysm during life.

Other sections follow with papers on epilepsy, head injuries, cerebral venous thrombosis and headache to which topics Sir Charles has regularly made important contributions. The section on Headache contains papers on Migrainous Variants, Cough Headache and a Particular Variety of Headache. The characteristic features of the last were described 40 years earlier by Wilfred Harris under the heading Periodic Migrainous Neuralgia but to these Sir Charles in 1956 was one of the first to draw renewed attention, especially important as it was an eminently treatable disorder.

Sir Charles has always been interested in the concept of Neuropsychiatry, not widely acceptable in this country, and as President of the Section of Psychiatry of the Royal Society of Medicine in 1941 he read an address entitled The Neurological Approach to Mental Disorders which is reprinted here. In the closing section of this address, under the heading of Neuropsychiatry, he expressed the hope that, as brain really *is* the organ of mind, neurologists and psychiatrists would accept that their subject was one and indivisible. He welcomed the intention to establish wards for organic nervous disease as an integral part of the Maudsley Hospital and must be pleased that, 30 years later, this is about to be achieved.

In a final section headed Miscellaneous there is a paper on Vertigo, a theme to which Sir Charles has returned several times in his writings.

There follow two memorial addresses, one in memory of J. G. Greenfield, neuropathologist at Queen Square of world-wide reputation, and the other in memory of Russell Brain, neurologist, philosopher, poet and life-long friend with whom, and four others, he had founded the Hexagon Club nearly 40 years before.

The book closes with a list of the papers which have not been republished. This is, however, incomplete and at least one important title is missing. This is Classification of the epilepsies with particular reference to psycho-motor seizures (A.M.A. Arch. Neurol. & Psychiat. (1954) 72, 631) and it is to be hoped that this, with others now omitted from this selection, will be considered if another selection is called for.

The price of the book is £4 and in these inflationary days this cannot be regarded as excessive. Most advances in medicine are achieved by those who stand on the shoulders of those who have preceded them and in this book Sir Charles shows what ample shoulders he has provided in the field of clinical neurology. It would make an admirable present for a departing and deserving house physician.

I.C.K.M.

BIOCHEMISTRY FOR MEDICAL STUDENTS,

by W. V. Thorpe, H. G. Bray and Sybil P. James. 512pp. J. & A. Churchill, London, £3. 9th Edition.

The good comprehensive and accurate textbooks of biochemistry almost all come from the U.S., which seems to have adopted the old German thoroughness of treatment. Such books, excellent as they are for science students and as works of reference, are too much for most of our medical students and there is a real place for shorter, more light-hearted works directed to the special needs of doctors-to-be. This is especially desirable to combat the tendency of biochemistry to take the place of anatomy in the undergraduate course in requiring too much detailed learning, whether it be of metabolic pathways, enzyme structure and kinetics, protein biosynthesis, control mechanisms or whatever is currently engaging the attention of most biochemists active in research.

Unfortunately, the ninth edition of Thorpe does not fill the bill and it really cannot be recommended to our students. Much of the text is excellent, based on sound chemical and physiological sense, and some (for example on protein structure) is clearly up to date. There is plenty of information, much of it useful to the doctor, pathologist or dietician. Other sections, however, are very bad: perhaps for local (Birmingham) reasons, the statements on fat digestion, etc., are unbelievably inaccurate and out of date.

There are many other obsolete ideas and expressions and the whole book has a patched-up old-fashioned air. I am not taken in by the silly with-itry of much of the contemporary scene, but scientists above all must fight to avoid ossification of thought and the establishment of fixed ideas. This Thorpe *et al* only partially do and therefore, useful as it might be to the discriminating reader, their book is not good enough for today's medical students.

G.A.D.H.

SPORT

CRICKET

REPORT ON THE 2nd XI MATCHES SO FAR THIS SEASON

The 2nd XI started the season against the A.C.M.E. Sports Cricket Club 1st XI. Guy's played with such flair and style that it was difficult to believe that the team consisted of many of last year's team players, who contributed to that season's fiasco.

The A.C.M.E. Sports batted first and amassed a total score far beyond any that Guy's 2nd XI would ever dream of. Our team set off their innings at brisk pace, having 5 men back in the pavilion after a rather short time. Ken Rigg and Rob Wilson defied all the attempts to remove them and were still in at close of play. Noteworthy, performances were put up by virtually no one, although Howard Holliday scraped up 44 runs, this is mentioned only to maintain his interest, Guy's by achieving a draw, equalled the total season results for last year's 2nd XI.

The 2nd XI took the field the following week, against Honor Oak Park. As a result of good fortune, two fairly dubious decisions by a Guy's partisan umpire and one good over by Frank Haines, Guy's won by one run and two wickets, Frank Haines with great dexterity managed to fracture the finger of one of the H.O.P. openers, this with our umpire enabled our first victory for several years.

The last match played, against the Old Tennisonians began rather disastrously for the opposition. After three overs, they were no runs for three wickets. They were then aided by Colin Ryan who was purporting to be fielding at square leg. He was rudely awoken by a cricket ball descending from the heavens. The grateful batsman went on to score 50 giving Old Tennisonians a final score of 112 all out. Frank Haines "threw" extremely well for the bowling figures 6—26.

Guy's then, emulating their opponents, batted rather poorly to be in great trouble at 25 runs for 5 wickets. An "interesting" partnership then developed between Dave Arnold and Ken Riggs resulting in a highly respectable score of 87 for 7 at close of play.

GOLF

UNIVERSITY CHAMPIONSHIPS

The shining image of Guy's golf was perhaps tarnished a little at Beaconsfield on the 19th May, when, for the first time for some years the Hospital failed to produce the individual winner of the University Championship. But, by virtue of possessing four able-bodied souls were able to retain the mythical Beveridge Cup for the team event (This piece of silverware was mislaid in previous years by some victorious men of the hospital, and no doubt, now reposes under a dust-sheet in some hidden corner of the mortuary).

It would be true to say that on the day in question the whole team were "hole-shy" and would probably have had trouble hitting a tennis ball into a hole the size of a bucket from two feet—with a cricket bat. The combined total of putts taken by Neil Davies and Dai Rowley Jones in the afternoon round would have made a 36-handicapper blush.

However, let us not paint too gloomy a picture. Before lunch Neil Davies was in second place with a well-compiled round of 175 and Richard Ibbetson—a freshman from the West Country—was third with 76, a good round considering an un-Arnold Palmer-like finish. Dia Davies played well after a shaky start for 77 and Dai Rowley Jones broke his own personal par of 80 by one stroke.

The post-prandial session wasn't a happy one as far as we were concerned, it had been a most sober lunchtime—perhaps that was the trouble. Dia Davies continued his battle with a "driving Charlie" to repeat his score of the morning, finishing fourth overall and leader of the Guy's pack, Ibbetson "blew his cool" over the first few holes to shoot 82 and Neil Davies, once again unable to come to terms with his bi-focals, scored 80. Rowley Jones with unusual precision through the greens and complete ataxia on them, improved upon his morning's total by one stroke.

It is encouraging to note that Guy's have played five friendly matches since the start of the season, being successful in four of them. Good performances have come from Peter Mathews, Bob Mackay and Paul Williams. Hopefully, enthusiasm should be maintained throughout the season—or at least until the 4th July at Huntercoombe when we hope to be victorious against the Consultants.

D.R.J.

GUY'S v. DR. MACLEAN'S TEAM

Dr. MacLean, in his capacity as President of the Golf Club, again provided a team of strong ability for the annual match at Tonbridge G.C. on Sunday the 14th June. The result of the match was a defeat for the Hospital team by five matches to four.

In the top foursome in the morning Neil Davies the Captain, and Dia Rowley Jones were defeated by 4 and 3 against Dr. Richard Cocknell, an old Guy's man and former Cambridge blue and Mike MacLean, the son of the President and a very able golfer. The winning side produced par figures and this was too good for the Guy's pair who had too many putting errors. The second match featured Martin Christmas, an ex-Walker Cup man, and Mr. Robert Brain, against two dentists, Mike Breen, a Surrey county player, and Richard Ibbetson a very sound performer from the West Country. Again a defeat for the students, the margin being 3 and 2. The final match produced very good golf and the only point for Guy's in the morning, a fine win by one hole for David Roper and Jim Mackenzie over Dr. MacLean and Professor Cohen, two very experienced campaigners, and previously untouchable at Tonbridge.

With the score at 2—1 at lunch in favour of the President's team, we still thought we were in with a chance, and so did Dr. MacLean, who in his role as book-maker, was offering very short odds against the students. The betting was slight—there were no fortunes to be made here.

In the post-prandial sessions, Breen lost to Christmas 3 and 2 Jones lost to Cocknell 5 and 4—having foolishly backed himself heavily to win. Ibbetson beat Mr. Brain 6 and 5—the latter complaining that once again he had been sacrificed! Davies beat MacLean junior 3 and 2. Roper (who incidentally backed the opposing team to win) lost on the last green to Professor Cohen—a suspicious result?!! Finally Mackenzie beat Dr. MacLean by one hole, thereby gaining revenge for a defeat of 7 and 6 last year!

The day, as usual was superbly rounded off by a marvellous meal provided by Mrs. MacLean, our sincere thanks to her. This match and day is the high-spot of the golf calendar at Guy's and to beat Dr. MacLean's team would be as thrilling as winning a cup-final. He has threatened to resign in favour of Mr. Brain when this occurs; as long as teams of this quality are selected to play against us I do not forsee our winning for a long time.

Again our thanks for the most enjoyable day of the year.

D.R.J.

WATER POLO

Roddy Jones is to be thoroughly congratulated on earning a place in the British Universities water polo team which is to compete at the World Student Games in Turin this August. This is no mean addition to his past record of British swimming team captain, Tokyo World Student Games medallist, Mexico Olympian and Welsh polo international, because every player except Roddy and one other is a British international.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL AND SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to fill an established vacancy as **Senior Registrar in General Medicine** to the Board of Governors of Guy's and the South-East Metroplitan Regional Hospital Board, for the period 1st October, 1970 to 30th September, 1973 the first year to be spent at Lewisham Hospital. The appointment will be made jointly by the bodies concerned. The post which will be reviewed at the end of the first year is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales). Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **10th July, 1970.**

GUY'S HOSPITAL

Applications are invited for the appointment of **Senior Registrar in Anaesthetics** for a period of one year commencing 1st October, 1970. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **15th July, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of **Senior Registrar in Urology** commencing 1st October, 1970 for a period of one year in the first instance. The appointment is recognised as a training post in urology and the successful applicant will take part in the renal transplant programme. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital London, S.E.1 not later than **10th July, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of **Senior Registrar in Diagnostic Radiology** with duties to commence 1st September, 1970 to 30th September, 1971 in the first instance. Opportunities are available for good experience in neuro-radiology and arteriography. Applicants should hold the D.M.R.D. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **10th July, 1970.**

GUY'S HOSPITAL

Members of the Royal College of Physicians with a grounding in general medicine and wishing to embark on a career in clinical rheumatology are invited to apply for two posts of **Registrar in Physical Medicine and Rheumatology** in the Guy's Group of Hospitals one to commence as soon as possible and one to commence on 1st October, 1970. The successful candidate will be expected to take active part in the programmes of research and post-graduate education. Both registrars share the responsibility for the supervision of patients in the 50 bed Hume Kendall Unit. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, S.E.1 not later than **15th July, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of **Registrar in Psychological Medicine** at St. Olave's Hospital of the Guy's Board of Governors for the period 1st October, 1970 to 30th September, 1971 in the first instance. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **10th July, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of **Locum Registrar in General Medicine** for the period 1st August, 1970 to 30th September, 1970. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **15th July, 1970.**

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invites applications from registered dental practitioners for the appointment of **Registrar/Demonstrator** in Oral Surgery with attendance on three sessions per week for the period 1st October 1970 to 30th September, 1971. The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **17th July, 1970.**

GUY'S HOSPITAL

Applications are invited from registered dental practitioners for the appointment of **Registrar/Demonstrators** in the Department of Conservative Dental Surgery with attendance on six, three or two sessions per week for the period 1st October, 1970 to 30th September, 1971 The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **17th July, 1970.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer in Orthopaedics** at New Cross Hospital of Guy's Hospital Board of Governors with duties to commence as soon as possible until 30th November, 1970. Applications naming two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London, S.E.1 not later than **26th June, 1970.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered dental practitioners for the appointment of **Lecturer (full-time) in the Oral Surgery Department** with duties commencing on 1st October, 1970, or as soon as possible thereafter. Salary within the range of £1,885 to £3,020, with superannuation. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, S.E.1 not later than **Wednesday, 22nd July, 1970.**

GUY'S HOSPITAL
HOUSE APPOINTMENTS
1st September, 1970

Applications are invited for the following house appointments due to begin on 1st September, 1970. Forms of application are obtainable from and should be returned to Mrs. Webster, Administrative Assistant for Medical Staffing, Counting House, not later than **24th July, 1970.**

The following house appointments will be for six months and normally will be open only to candidates applying for their first appointment and not to candidates seeking their second six months' appointment:—

House Physicians	4
House Surgeons	3
Throat and Ear House Surgeon	1
Orthopaedic House Surgeon	1
Gynaecological House Surgeon	1
House Physician to Radiotherapy and Endocrine Departments	1

The following house appointments will be for six months and will be open to candidates who have already completed their first six months appointment at Guy's:—

House Physician	1
House Surgeon	1

The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appoinment at Guy's or elsewhere:—

Children's House Physician	1
Genito-Urinary House Surgeon	1

The following post-registration and S.H.O. appointments will be for six months:—

Resident Obstetrician (post-registration)	1
***Casualty* Officers** (S.H.O.)	6
Senior House Officer to Nuffield House (S.H.O.)	1
Resident Anaethetists (S.H.O.)	2
Neurological House Physician (post-registration)	1
Dermatological House Physician (post-registration)	1
House Physician in Child Psychiatry *(post-registration)*	1
House Surgeon to the Thoracic Unit (S.H.O.)	1
House Physicians in the Department of Pshychological Medicine (S.H.O.)	2

To commence 1.10.70.

EVELINA HOSPITAL

Children's House Physician (post-registration)	1

To commence 1.10.70

ST. OLAVE'S HOSPITAL

House Physician (Pre-registration)	1

Preference given to second six months candidate.

Gynaecological House Surgeon (S.H.O.)	1
House Physician in Psychological Medicine (S.H.O.)	1

NEW CROSS HOSPITAL

House Physician in General Medicine and Geriatrics (pre-registration)	1

Preference given to second six months candidate.

OUTER HOSPITALS

Preference will be given to second six months candidates for the following posts but first six months candidates may apply:—

BECKENHAM HOSPITAL

House Surgeon (pre-registration)	1

LEWISHAM HOSPITAL

House Surgeon to Mr. Le Brun (Pre-registration)	1
House Surgeon to Mr. Cavendish (pre-registration)	1
House Surgeon to Mr. Monty *(pre-registration)*	1

MILLER GENERAL HOSPITAL

House Physician (pre-registration)	1
House Surgeon to Mr. Candy, Mr. Williams and Mr. Park (pre-registration)	1
Senior House Officer in General Medicine and Paediatrics	1

ORPINGTON HOSPITAL

House Surgeon with General Surgery and Ophthalmology to Mr. Walker-Brash (pre-registration)	1

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson and Mr. Lavy (pre-registration)	1
House Physician to Dr. Miller and Dr. King (pre-registration)	1

ST. HELEN'S HASTINGS

House Physician to Dr. Irvine (pre-registration)	1

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Mr. and Mrs. Philip Reading, Dacres, Alfriston, Polgate, Sussex. Tel: 032-182 447.

Miss Anne Rogers, 2555 West 5th Avenue, Vancouver 9 B.C., Canada.

BIRTH

NAYLOR—On 13th March, 1970, to Lykke (née Hedetoft) and Brian Naylor, a son, Nikolai Brian Hedetoft. Present address: 83, Tyersal Terrace, Tyersal, Bradford 4, Yorks.

DEATH

SHANNAN—On 17th June, 1970, Donald J. R. Shannan, L.D.S., R.C.S.Eng., aged 55 years.

PAPERS BY GUY'S MEN

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APPOINTMENT VACANT

GUY'S HOSPITAL

Applications are invited from registered dental practitioners for the appointment of **Registrar/Demonstrator** in the Department of Dental Prosthetics with attendance on two sessions per week for the period 1st October, 1970 to 30th September, 1971. The post will be subject to the Terms and Conditons of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **17th July, 1970.**

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

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When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

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GUY'S HOSPITAL GAZETTE

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Treat the Whole Patient

The symptom of loneliness is rarely encountered whilst reading the standard text-books of medicine. It is unknown, or at least extremely rare for routine admissions or those via casualty, to be labelled with a diagnosis of loneliness—an acute exacerbation of a chronic condition. With the exception of acute wards, a cursory examination of the human material in both medical and surgical wards may reveal such patients. They have necessarily found the comfort, re-assurance and companionship within the hospital. Having retreated from a hostile domestic environment, they have melted into the safety and routine efficiency of ward life. Loneliness is not only a symptom of the elderly, the geriatric patient, but occurs in many middle-aged persons rejected or disconnected from their families. This patient has a history of frequent hospital admissions, usually with an initial genuine organic complaint and subsequent emotional instability.

It is more than likely that most hospital doctors will have attempted, with much difficulty, to discharge a clinically healthy patient, only to have to re-admit him or her within 24 hours. The patient, invariably elderly, may be found wandering in the streets, or simply turns up on their familiar ward the next day having spent a sleepless and exhaustive night.

Argument prevails; it is impossible to keep every elderly patient who, for example, has fractured a hip or ankle and is now orthopaedically "sound", in a surgical ward. However efficient the Social Workers and the Welfare Departments are, the time spent in rehabilitating the patients skeletal system cannot always improve their social system. The health service cannot provide instant relatives of the sympathetic type, nor are there sufficient places in the registered welfare homes for the aged. Medicine today although successful in prolonging mans span of life, has still not been able to surmount the problems of the veterans of our community.

Geriatric patients are farmed out to the backwaters of the large teaching hospital or hospital group. The valuable teaching space cannot be occupied by long-stay patients. The Geriatric Unit is heard of but never seen by the majority of medical students. Surely it is time that a part of the medical students curriculum is spent at such a unit, particularly if the latter is on the doorstep of the parent hospital. Let us be aware and informed of these problems even if an immediate solution is not forthcoming.

Lest Auld Acquaintance be Forgot

Together with other institutions Guy's is rushing headlong into the twentieth century, whose God is Science and whose creed is measurement and standardisation. Everyone in Europe now has the same time: this is very efficient but means that Great Britain, the home of the Greenwich meridian, is an hour out of step with time as indicated by the Sun. Similarly we all now have decimal coinage. Although this is intended to lead to greater efficiency it means that our currency is unintelligible to all except foreigners.

Some changes undoubtedly lead to improvement: we have lost old measures like drachms and grains in favour of metric measures that are easier to remember and less liable to cause mistakes.

But not all changes are so helpful. As soon as they enter this world babies are seized and enthusiastically measured in kilograms and grams. This initial assault must impress upon the child the vital place of measurement in life: no doubt Freud would have proved that this action has an important and possibly harmful effect during the formative period of the mind. The earliest influence trains the child to think in a cold, metric manner. The child is alienated from his mother who thinks in a different way: her baby's weight in grams means nothing to her until it is translated into pounds and ounces.

The same problem occurs with measurement of temperature. Centigrade is fine for science but not for general medicine. Celsius arbitrarily chose the freezing and boiling points of water for his scale. Fahrenheit was more logical: he took zero to be the lowest temperature he could find and 100 as the temperature of the human body. The fact that he was a degree or so out at the top end and that temperatures below zero do exist in no way invalidates the soundness of his argument. His scale is ideal for everyday use: the bottom third is too cold for comfort, the middle third is normal British weather, and the upper third, which we are experiencing this summer, is far too hot to support civilised life.

Change is essential for progress. But let us not abandon the old measures without admitting that they were often more convenient and interesting than their rather dull successors.

News of Guy's Men

We offer our congratulations to two Guy's men who have recently been appointed to Chairs in the North of England.

Dr. J. C. Brocklehurst, consultant in geriatric medicine at Guy's, has been appointed to the new chair of Geriatric Medicine at Manchester University.

Dr. Andrew Thornton, senior lecturer in anaesthetics at Sheffield University, has been appointed to the Chair of Anaesthetics at Sheffield.

We wish them both good luck in their new appointments.

We would also like to congratulate Mr. J. S. Tomkinson and Mr. J. R. Hudson, who have been co-opted to the Council of the Royal College of Surgeons of England for the year 1970-1971.

The Guy's Society for Social Responsibility in Medicine

A Report of the First Meeting

The Guy's branch of the British Society for Social Responsibility in Science held its first meeting on the evening of 7th July, Professor W. J. H. Butterfield gave a lecture entitled "The Relation of the Hospital to the Community". Since one of the aims of the society is "to examine the role of the hospital in the community in terms of medical and social responsibilities", the choice of speaker was particularly apt. As Dr. MacKeith said in his introduction Professor Butterfield is one of the few people who has really attempted to find out what our hospital is about and how it relates to the community it serves.

The Professor began by enumerating the facts and figures of the scope and size of the Health Service and then put them into historical and economic perspective. Hard facts about the real demand for medical care are less readily available so it was an account of a survey designed to assess this demand on our own doorstep in Bermondsey that formed a major part of the lecture.

Of people interviewed in their own homes only twelve per cent had been completely symptom free in the previous two weeks. Thirty per cent had had symptoms but taken no action, whilst no less than fifty-eight per cent had experienced symptoms and acted on them. For sixty per cent of this last group their action went no further than visiting the chemist's shop but the remainder had taken their complaints to a doctor. Chemists obviously did a valuable job in relieving some of the burden on the Health Service but the Professor pointed out that inappropriate self-medication of the sort frequently encounted during the survey (e.g. aspirin for chronic respiratory or alimentary symptoms) could itself be a source of further ill-health. Another finding was that the people with symptoms complained on average of not one but four or five things. The potentially overwhelming demand for medical services revealed by this and other surveys could be reduced by health education but the demand should be rationalised by screening for medical priorities.

The Professor continued by stressing the importance of adequate planning to deal with the increasing demand for medical care within the community and the progressive swing from hospital to community medicine. It was appalling that of the many new towns only the planners of Harlow and Livingston had given proper thought to the problems of providing comprehensive community medical care. Since the new town of Thamesmead will have no hospital the provision of good medical facilities within the community has assumed even greater importance and it was with a brief description of the plans for Thamesmead that the Professor concluded his lecture.

The discussion which followed was encouragingly constructive and down-to-earth.

A name like "The Guy's Society for Social Responsibility in Medicine" inevitably conjures up the image of a group of rather cranky do-gooders indulging in idealistic fantasy. That this image was so effectively dispelled at its first meeting points to a very useful future for the society.

PHILIP READING —AN APPRECIATION

On 1st July last, Philip Reading retired from the Staff, and it is not only in the Ear, Nose and Throat Department that he will be greatly missed. His close association over the years with the Evelina, New Cross and St. Olave's Hospitals, dating from long before the birth of the Guy's Group, was loosened when he became the Senior Surgeon in 1966, but because of it, his work and influence will be remembered by the Guy's family further afield than St. Thomas's Street.

He arrived at Guy's from St. Dunstan's College, Catford, in September, 1924, and was soon recognised as an outstanding student. There was no surprise when he was awarded the University Gold Medal in the final M.B. in May, 1931, with distinction in Surgery and Midwifery, nor when he added the F.R.C.S. to this achievement later in the same year. The M.S., London, followed in 1933.

Meanwhile, he was making sure of the Surgical Registrar appointment on which he had fixed his gaze by working steadily through the full range of House jobs and being appointed R.M.O. to Bright Ward which, at that time before the gift of Nuffield House, was occupied by paying patients. He was Surgical Registrar and R.S.O. from 1932 to 1935, being entrusted also from 1935 onward with the additional duties of Statistician and Radium Registrar.

It must have been with considerable sadness, and perhaps with some misgiving, that he decided at the end of the appointment to break his connection with his beloved Guy's and pursue his surgical career in a new and strange environment, the Midlands. He signed on for duty at Selly Oak Hospital, Birmingham, on 1st August, 1935, and there, in the words of a friend of that period, A. M. Nussey, "it was recognised at once that he was an exceptionally fine operator, whose technical ability was fully matched by sound clinical judgment and outstanding personal qualities".

However, disappointment awaited him there, disappointment which he was resolutely to turn to the advantage, not only of himself, but of Guy's and of the speciality of Otolaryngology. The post in General Surgery that he had expected to fill did not materialise, but such was the anxiety of his new colleagues not to lose him, that he was urged to consider equipping himself to take over the duties of Ear, Nose and Throat Surgeon, shortly to become vacant. With characteristic energy and speed, he proceeded to prepare himself for his new career so that, in due course, Selly Oak Hospital found itself with a new E.N.T. Specialist and the Speciality with a new recruit who was to become one of its brightest stars. There must have been an enormous amount of ear, nose and throat work to be got through at this Midland hospital, and the newcomer must have acquired experience in the new field at an exceptional rate. Thus it came about that when Guy's looked round for a successor to T. B. Layton, towards the end of 1945, Philip Reading came through to win from a field that included favourites trained in the speciality from the start of their surgical careers.

The traditions and methods of Ear, Nose and Throat Surgery at Guy's had been defined by those great men, W. M. Mollison and T. B. Layton, and meticulously carried on by their faithful disciple, R. J. Cann. Philip Reading introduced a new look. It is not difficult to discover the origin of this with regard to the head and neck work. It clearly had its roots in his general surgical training and his unusually fine technique. It is not so easy, however, to identify the steps leading to the acquisition of his otological prowess, but tireless work, his natural gifts, the lessons in the hard school of experience and the subtle influence of the Guy's Otological teaching must all have played a part.

The impact of his new approach was to be postponed, however, because almost as soon as he set foot in Guy's again, he was called up to do two years' military service. It had been his lot during the war to remain behind in Birmingham helping the hospital to keep going with its sadly depleted staff, coping often with many air-raid casualties and with the endless frustrations of those critical years. Now he was required to do his stint in uniform, and this took him off to the Middle East and a Military Hospital in Egypt. He made the best of what he must have found an uncongenial experience and, no doubt, found himself for the first time in his professional life with time to spare. It is to be supposed that this gave him the opportunity to write a good deal of his text book on "Common Diseases of the Ear, Nose and Throat" published in 1950 and now in its 4th edition.

The twenty-two years, 1948 to 1970, cannot easily be summarised. During these years it became increasingly clear to those working alongside Philip just how remarkable a colleague it was their good fortune to have acquired, and that not the least remarkable thing about him was his quiet determination to disguise the fact. Over these years the department increased steadily in standing and reputation. All the new advances and techniques were one by one introduced, and Philip Reading was responsible for all these innovations: the microsurgery of the ear and the new operations this made possible, like stapes surgery and the latest refinements of tympanoplasty; the work on the deaf child and the fruitful co-operation with Mary Sheridan; the research with Beryl Milner and the prospect of novel objective test procedures; then the increasingly aggressive approach to cancer of the head and neck; the combined clinic with John MacArthur, perfusion techniques and the strenuous and rewarding effort with Robert Brain to improve the results of the colon transplant operation.

A great deal of thought and energy were devoted to improving the methods of teaching the students and training the junior staff. He clearly understood the importance of visual aids, such as display cards, slides and films in teaching, and over the years built up a fine collection of cards and slides illustrating most facets of the work. When the Medical Illustration and Photographic Department needed a new Director in 1958, Philip Reading was the natural choice and the outstanding excellence of the Department, as we know it today, owes very much to the twelve years he worked for it.

His interest in teaching made him a first-class examiner as those who had the pleasure of working with him during his six years on the Court of Examiners of the Royal College of Surgeons are glad to testify.

In 1968 his colleagues honoured him by making him President of the Section of Otology of the Royal Society of Medicine and they could not have done better. The 1968/69 session of this Section was in every way outstanding and, coming just before his retirement, appears as a fitting climax to a great career.

Now he has left the rough and tumble of his all too busy life in the Metropolis for peace and quiet in the heart of the Sussex downs. No-one who knows Philip can suppose that retirement for him will mean idleness. His home and family, books, music and, of course, his garden will see him active from dawn to dusk. It will be surprising if he does not have many visitors and these will be not just those who were his fellow consultants. All through the years at Guy's he contrived to weld everyone who worked for the Department into a true family. He took a deep interest in their affairs often long after they left for other spheres and usually if an ex.-H.S. or Secretary or Ward Sister sent us their news, it would be to Philip they would write. He must not expect that they will lose touch for so small a reason as his retirement.

All these and very many other friends wish him and Kathleen long years and good health in which to enjoy the richly deserved fruits of his labours in our midst.

Mr. George Morrison

Mr. George Morrison is retiring after forty-five years at Guy's Hospital. He came to the hospital in 1925 as an apprentice orthopaedic fitter and after some years took charge of the Orthopaedic Workshop. During his time at Guy's, he worked with Trethowan and Lambrinudi and more recently with Stamm, Batchelor, Crabbe and Henry. Severely handicapped himself, he has always shown great understanding and appreciation of the problems of handicapped patients. No task was too much for him to undertake and he always showed great enthusiasm in everything he did. This was particularly noticeable in the care and skill he exercised in making the spinal braces for the children with scoliosis. In this context he is one of the few men in the country who can make these complicated items of equipment. In paying tribute to a fine craftsman, and a devoted servant of Guy's, we wish Mr. and Mrs. Morrison many years of happy retirement.

GUY'S DIARY

JULY

23 Th 1.00 Dental Clinical Lecture in Dental Theatre.
Professor MACDONALD.
"Applied Physiology—Dyspnoea."

27 M 1.00 Clinical Lecture. Dr. HOSKINS.
"Barium Studies in the Abdomen".

THE OUTPATIENTS ANNEXE

by

A. S. Grimble

The Outpatients Annexe (venereal disease department) appeared on the Guy's scene in 1917. Facilities for the treatment of sexually transmitted disorders in a separate outpatient clinic had been planned and discussed for some time. The ideas were only given bone and tissue, however, following the publication of the final report by the Royal Commission on Venereal Disease in 1916. Giving evidence before the commissioners, under the Lord Sydenham of Combe, F.R.S., for Guy's was Sir Charters Symonds, M.D., F.R.C.S. (father of Sir Charles Symonds, the neurologist at Guy's). From his remarks in 1914, it can be seen that Sir Charters Symonds had considered the matter fairly deeply, and could conclude that the existing means for treating these diseases was "quite inadequate"; also that "everybody should have access to the best possible treatment" free of charge. Clearly this surgeon saw the problem and its management from personal experience, since many of the venereal disease cases in those days attended surgical outpatients.

The matter of sexually transmitted illness was very much "in the air" after the First World War. There are one or two museum pieces amongst the subjects discussed in the Report on the Prevention of Venereal Disease by a Special Committee of the National Council of Public Morals (1921). One delightful item that appeared was the "mortality statistics" comparing figures for those married and under 20 years of age with those who were unmarried. The figures used (French in origin) showed that the death-rate in a married group of men was 2.19 per cent, in contrast with 0.67 per cent in the unmarried! Married women similarly fared worse in those days, the death-rates being 1.4 per cent in the married and 0.8 per cent in the unmarried (the unmarried rather piquantly being described as "celibates"). By the age of 50, however, the situation was reversed: the unmarried fared worse than the married.

Nevertheless the view was widely held in those days that any method of prevention or prophylaxis against these diseases might encourage opportunities for "unrestrained vice" and so must be discouraged. It was heartening to see that a *Guy's Gazette* contributor did not agree (1921). Moreover, a writer on the subject who dared to call a spade a spade was described as "fearless" by an earlier *Gazette* reviewer (1913).

The term "venereal disease" was then applied to only three diseases: Syphilis, Gonorrhoea, and Soft Chancre. With the love our forbears had for moralising, a perjorative sense was given to an innocent word; "venereal" from this time became burdened with moral judgment, from which it is only just beginning to be liberated.

There is no doubt, however, that society had something on its hands in the matter of untreated disease, as the statistics showed. The tables for 1854 to 1861 compiled under the Superintendent of Guy's, Dr. Steele, stated that the "venereal diseases show a maximum of numbers and a minimum of mortality when compared with other diseases". The hospital accommodation at that time (1856) was 543 beds—"201 for medicine, 198 for surgery, 30 for diseases of the eye, 54 for the venereal diseases, 12 for diseases peculiar to women, 20 for lunatic patients, and 28 available for various purposes. The wards, or ward, housing the venereal disease patients were known as "the foul wards". We find an entry of an order for 1759 that "the physicians be directed to visit the foul wards every week as well as the other wards of this hospital"! Syphilis ("venereal disease") was the largest entry of any disease group except for that of genito-urinary disease, with 451 patients for the year 1856.

With the completion of Hunt's House in 1869, the venereal disease beds were reduced from a smaller number of beds, 27, to 11 "not so much for want of patients as for more pressing needs". In 1870 syphilis was still the commonest disease amongst a group of 32 disorders analysed. There is little or no information available, however, for the years immediately preceding the 1914 war.

In the armed services, venereal disease was one of the occupational hazards. In the British Army in 1867, 292 cases per thousand men were registered; by 1912, 57 per thousand men. The proportion of syphilis to gonorrhoea was roughly equal in the early years, but syphilis made up only a quarter in the later years.

The death-rate in England and Wales from syphilis, before the First World War, was just over 300 per million population: today (1968) it stands at around four per million.

Neisser had described the diplococcus to be known as *Neisseria gonorrhoeae* in 1879, Schaudin and Hoffman the *Treponema pallidum* in 1905: the Wassermann reaction for detecting complement fixing antibody was in use after 1906; and from the early years of the first war Ehrlich's arseno-benzol compounds were coming into wider use in the intravenous therapy of syphilis. No other powerful therapy was available, although bismuth and mercury remained in use.

Such is part of the background to the opening of the first "special clinic for the treatment of venereal diseases" at Guy's in 1917; it was agreed that contributions towards the expense of salaries and medical services were to be made by the local councils. But before this was accepted by Guy's a great deal of humming and hawing took place, on the question of erosion of the hospital's freedom thereby.

EARLY DAYS

The role of the new venereal disease department was an elastic one. The "Governor's Handbook" stated that for 1916 "the venereal disease cases would present themselves as hitherto amongst others in the Outpatients departments, and if the physician or surgeon decided to treat them they would remain under his care. If considered expedient he might transfer them to the special department. From Casualty the case might go up to the department of skin diseases, genito-urinary, women's or venereal diseases".

To discharge the duties of teaching and providing facilities for the diagnosis and treatment of disease, there was at that time a standing venereal disease committee with the Superintendent and the Dean serving on it. The appointments to the new venereal disease department to be opened in January 1917 were to be "the Obstetric Surgeon, Assistant to the dermatologist, Assistant to the genito-urinary surgeon, and the Assistant bacteriologist.

One has glimpses of the human situation early in this century from the articles appearing in the *Gazette.* For example, in 1912 we read of a plea from an Outpatients sister (signed "Asepsis") that instruments and hands should in future be rinsed and cleansed between each venereal disease patient receiving attention. This was followed by a letter urging that the nurses have instruction in these diseases.

The first statistics of work in the new department appeared briefly, in the *Gazette*, in 1918. The *Gazette*, for these years, regularly contains references to the department or its work. A facetious junior staff member acknowledges the "kind assistance I have not received", signing himself the "worm with the swab" (1922).

In contrast, a serious note was struck by Dr. Wainewright (1923) who advocated strictly local use of metal chemotherapy for early syphilis. Since these drugs did not usually, he thought, rid the body of the spirochaete, they were better not used parenterally; a view propounded earlier by Professor Bruusgard, in whose debt we are today for presenting posterity with a series of early syphilitic patients treated by bed-rest alone.

Life in this department had its serious as well as its lighter side, and we will leave to Mr. V. E. Lloyd, the director of the new department, to take up the tale (the post was not designated until 1924; Mr. Lloyd, however, was a member of the department's staff from its near-beginnings):

"At first, clinics for the treatment of gonorrhoea were provided on three evenings a week for men, and on two evenings and one afternoon for women and children, in Outpatients. Arrangements for housing these children were originally most awkward. Men were seen in back-surgery and in the then gynaecological department: awaiting the opening of the venereal disease clinic. They were vociferous, as the gynaecological clinic was never available on time. To add to the frustration of the staff, all equipment, drugs and confidential records had to be removed from cupboards, carried across the outpatient hall and replaced in their cupboards at the end of the session.

"The doctor in charge of the clinic for men was usually one of the Surgical Registrars, among whom G. T. Mullally held the post for some years, to be followed by V. E. Lloyd in 1921. This appointment was combined with that of Clinical Assistant in the genito-urinary department. Occasional lectures were given, but students did not originally attend at clinic sessions.

"The clinic for women also suffered from similar inconveniences, but had the help of a nurse with supervision by the Outpatients Sister. Very often after the opening of the clinic for women it was discovered that the upper windows of the hop warehouse across the road (Great Maze Pond) were crowded with faces during clinic hours, until the windows to the street were speedily replaced with opaque glass. In 1917 Miss Morna Rawlins, whose obituary notice recently appeared in the Guy's Hospital *Gazette,* was appointed as Medical Officer to the clinic for women and children. A few beds were provided for women in the old Clinical wards which then stood on the site of Shepherds House. This building had stood since 1725 and was originally the ' lunatic ' house.

"Cutaneous syphilis (primary, secondary and late skin lesions) were treated, as they had been, in the Dermatological Department. These cases were treated by the registrar, at that time H. W. Barber, who later, for many years was the Physician in Charge of the Dermatological Department. The later manifestations of syphilis were then treated in the appropriate surgical or medical department. Early syphilis presented a more severe picture than that at the present day. Lesions of secondary syphilis were large and florid. Extensive pigmented syphilides, such as can be seen in the Guy's Museum, were common, so were destructive lesions of the palate, nasal septum and bones. The Wassermann reaction was then well established. The original Salvarsan(606), the first of the arsenical chemotherapeutic agents, was soon superseded by Novarsenobillon(914).

"There was little or no attempt at that time to trace the source of infection in these cases although other members of the family, if any, were examined.

"There were amusing incidents during these early days, for example when the Hospital Superintendent's butler was discovered to have infectious syphilis with extensive cutaneous lesions. In these days the suspicion and fear of patients for their reception and treatment was very marked, and few names and addresses were genuine. It was several years before men attended actually requsting examination for possible infection. Patients were indignant at finding themselves infected, and were unco-operative if not belligerent over the matter of telling their consorts. In the majority of cases the disease had been present for several weeks before arrival at the clinic. Epididymítis and salpingitis were frequent; iritis and arthritis were not uncommon. Strangely enough, gonococcal ophthalmia, except in babies, was a rarity. Gonococcal proctitis also was rarely noted, possibly on account of lack of experience of the doctors or because homosexual activities were less common than in recent years. Non-gonococcal urethritis was not recognised as a separate entity but regarded (at least for statistical purposes) as gonorrhoea in which laboratory tests had failed to reveal the gonococcus.

"The year 1924 saw changes in the constitution and staffing of the service to the public under the Venereal Diseases scheme. The new premises, known as the Out-Patient Annexe (or O.P.A.) were situated in the old dissecting rooms, known to many generations of Guy's students. This large, single-storey building contained one very long and lofty area with no side windows but only sky-lights. It was divided centrally down its length to form one clinic for women and one for men, containing waiting rooms, reception rooms and examination cubicles, and a small laboratory and lecture room. The augmented staff consisted of a Director, V. E. Lloyd, Assistant Director, Miss Y. Rawlins, together with four doctors, who were G. B. Dowling, H. W. Harvey, Miss V. Russell and Miss D. K. Brown. A full-time Sister with 2 or 3 nurses and an almoner were allotted to deal with the women patients. The male section was satisfied by three ex-R.A.M.C. hospital orderlies, Mr. Wallace, Mr. McCaffery and Mr. Caddick. In those days the department was open from 8.0 a.m. to 8.0 p.m. each weekday, and from 10.0 a.m. to 12 noon on Sundays and Bank Holidays for men only. The attendance rose to nearly 70,000 patients annually by 1935 (a figure largely due to the existing methods of treatment).

"All types of syphilis, early or late, were seen and treated in the department. Urethroscopy, proctoscopy, cystoscopy and lumbar punctures were performed there. The irrigation treatment of gonorrhoea in men was conducted in specially equipped cubicles. The association with other hospital departments was close.

"The statistical records required by the Ministry of Health and London County Council involved a great deal of clerical work. As one wag among the students remarked, "Every time a patient coughs here it has to be recorded under the county of his residence." Medical students of the third or fourth year now attended the male clinic once a week. The International Agreement (1924) for free treatment of Venereal Diseases in Seamen of all nations, known as the Brussels Agreement, brought in many seamen from ships in the London docks. Of the many comical incidents which occurred during these years, one remembers that of the rat which careered along the massive hot-water pipes which were fixed along the walls at ceiling height. It would stop and stare down at women patients on the couch undergoing treatment, and the ensuing shattering screams completely disconcerted the lady doctor and nurse who had their backs to the hot-water pipes and the rat! Also, one lugubrious evening the Director was dressed in a dinner-jacket preparatory to going to a dance later in the evening. Whilst standing in an irrigation cubicle talking to a patient, the rubber tubing slopped off and half-a-gallon of solution of potassium permanganate came over him in full colour! An unforgettable character on the staff was a buxom, cheerful Bermondsey woman cleaner, who acted as the bookies' runner for the whole hospital. Another memorable character was a cheerful prostitute, 'Toots,' whose attendances were spread over many years. She would enquire solicitously, on re-attendance, after all the doctors, nurses and almoner, comment on any new decorations, and, with a smile, say ' I've got it again!'

"The accommodation of the Venereal Disease Clinic in the old dissecting room lasted until the building of Nuffield House on the site in 1936. The excavations for the foundations unearthed a considerable number of bones and skulls undoubtedly in a burial pit used in the year of the Great Plague. Again the venereal disease department was moved; this time back to the former quarters in the main out-patient building but with several rooms added to increase the accommodation. From then on there was little change in the clientele or treatment until the advent of the sulphonamide series of drugs.

"During World War II there was considerable depletion in the medical staff of the department. Miss M. Rawlins left to take on duty as full-time surgeon to the Elizabeth Garret Anderson Hospital. Many of the services of the hospital were moved to Orpington, Farnborough, etc. All outpatient departments were at first closed. The venereal disease department retained its usual hours for the public. The staff of the venereal disease department took on additional duties. For instance, the director was placed in charge of the reception of casualties, with Dr. David Erskine as deputy; Sister Gwen Close was similarly involved. The two nursing orderlies, Mr. Wallace and Mr. McCaffery, were astonishingly conscientious; when transport was chaotic they managed to arrive on bicycles. Despite extensive damage to the hospital the Annexe suffered only slightly.

"In the post-war period, the great advance in the treatment of both gonorrhoea and syphilis with penicillin, and the more settled conditions in the community, saw a steady decline in high incidence of these diseases."

David Erskine left to take charge of the Seamen's Hospital group of clinics at Greenwich and Albert Docks. For many years students regularly visited these clinics for instruction and demonstrations by Dr. Erskine.

CHANGES

Mr. Lloyd retired in 1956. The Annexe moved into a redesigned front-surgery in 1961. The new Casualty and Accident Department in New Guy's House had left this bit of space vacant, and the Radiology Department, which had been bursting at the seams, was not slow to give the clinic a friendly push into the new premises. There had been a suggestion that venereology at Guy's should operate along with other outpatient clinics in the general outpatients department. There are many advantages to such a suggestion in the case of clinics opening two or three days a week. The amount of laboratory work done on the spot, however, is one factor that makes such an arrangement a complicated one for a daily service.

The "Annexe" continued to be worked by two consultants (Dr. Jean Morton until her death in 1965) and a registrar, with a staff of three male nurses, one female nurse and the assistance of Sister-Outpatients. The nursing liaison with Outpatients is close, and the department now operates with a male charge-nurse, and two staff nurses, who perform some duties also in other outpatient clinics.

The venereal disease department is a peculiarly suitable place for dealing with conditions of the lower genito-urinary tract more in a medical than a surgical context. Where specialist venereologists are in existence in other countries, they are usually part of the public health staff. Venereological consultation has privately to be sought from the dermatologist, urologist or gynaecologist in these places (excluding late syphilis). The Annexe functioned happily in its place in the main Outpatients' building, in contrast with some venereal disease clinics elsewhere which were less fortunate; for a somewhat "pecksniffian" attitude to sufferers from these diseases was still present in people's minds. A dramatic change in attitude did not occur until this last decade. The quip that whereas the previous generation provided itself with psychoanalysts, the present one has done so with venereologists, has a grain of truth in it.

In 1946 there was a high incidence of sexually transmitted disease in this country and Europe. The same difficulties must have faced the planners of the venereal disease specialist service in the N.H.S. as faced those considering plans for the more general epidemic infectious diseases and their isolation, including tuberculosis. How to avoid a too rigid structure? No sooner had the venereal disease departments been built up in the early days of the N.H.S. than they were described as dealing with a group of "dying diseases". The falling incidence, however, was but a part of a greater rhythm.

One can only contrast the Annexe (Guy's venereal disease department) figures for those years (1949) with the 1969 ones in illustration. The new-patient rate doubled in the intervening 20 years. The proportion of infectious to non-infectious conditions rose from 56 per cent of the total in 1949 to 72 per cent of the total in 1969. The recent intervals of peak incidence of gonorrhoea (1918, 1930, 1946, 1970(?)) indicate that we may perhaps have reached another wave-crest and can expect a levelling-off. It is not easy to show that this pattern is due to one cause more than another. Many factors are responsible, movement of peoples, mixing of them, social and psychological insecurity, failure of epidemiological methods of control, or simply changing behaviour patterns on a wide scale.

There are only three main ways of controlling infection: control of the pool or infectious carrier, control of the path of infection, or treating an "insusceptible" population at risk by artificial-immunity methods. Except for the first, one can't see any of these methods being voluntarily or eagerly sought by members of any community.

SEXUAL ACTIVITIES

Which brings us to the matter of the use and abuse of sex activity, a subject over which oceans of ink have been spilt! Concerning sexual attitudes, it has been observed that there is a regular cycle of extroverted and then introverted manners of approaching sexuality both in art and in life, and rhythmic change of pattern to sex activity in societies. A permissiveness today will give way to its opposite in 40 years' time, and so on!

Most of us will agree that youthful sexual curiosity is natural; the right and wrong of it exist in the adult mind. Furthermore, anthropologically, the "primitive" tribe which has a degree of sexual permissiveness is outward looking and more exuberant towards life than its strait-laced brother. As Kinsey commented: the sexually active person was often amongst society's most valued members, for other reasons.

Whether it is to the credit of the present generation or whether the situation was inevitable, hypocrisy in these sex matters is not evident today, and sexual restrictiveness for its own sake, as we all realise, cuts no ice. On the other hand, perhaps too little time is spent today in considering what it is that might be devalued by a general permissiveness.

The present social changes certainly place greater stress on the younger person, but at the same time they permit him or her to make up their own mind instead of accepting a shibboleth. On the whole, this seems to be a healthy change. A person who will undervalue sexual activity, in its widest sense, will do so in other fields of action also. Surely most sensitive people soon discover this for themselves—and not necessarily by trial and error, but intuitively.

It is well known that sexual promiscuity and anti-social activity (bringing a person before a magistrate) have a tendency to go together in people. But it must be stressed that permissiveness of the sort we see around us—Professor Eysenck, however, recently pointed out from a survey conducted by the London University Institute of Psychiatry that sexual permissiveness on the part of present-day youth is more fancy than fact, and suggested that teenage coitus, at least, amongst university students, is less common than one has been led to believe—this present-day permissiveness has nothing in common with the psychopathological studies often noted in criminals and prostitutes. The latter would appear to be, so to speak, deformed persons. And the most important realisation for a young person indulging in promiscuity is his or her responsibility for another human being whose personality is moulded by the school-age, so that an irresponsible attitude to the foetus, infant or young child, or withdrawal of total affection, is endangering that human life, which in its turn may endanger the next generation because of this. The contraceptive pill has alleviated this problem.

Finally, because of its connections in a person with what is deeply significant, or even sacred, sex is most sensibly used when it accompanies actions and feelings of the highest value, rather than feeding appetites, egoistic fantasies and so forth. Yet in this sort of thing no one can really judge for another person.

A wholly agreeable change has come over the patient who has contracted a sexually transmitted illness. A decade or so ago the patient, if a male, almost invariably had aggressive feelings against the donor. Now, not only do the two sexual partners often arrive and sit together, but where his (more often than her) co-operation in the matter of telling the person concerned the diagnosis and the facts of the case is required, it is not now hard to obtain.

In illustration, the largest number of attacks of gonorrhoea registered here by any one patient in the 1950's was 45 (a 38-year-old male) and there were several of over 20; in the 1930's the highest figure was 5. Part of the difference is due to ease and success of treatment; but some of the difference must be laid at the door of changing attitudes and behaviour.

One factor responsible for the increase in "apparent" promiscuity results from the emancipation of women. The European male of the generation maturing prior to the year 1940 were to a large extent dependent upon relatively few promiscuous women or professional women for their extra- or pre-marital sexual relationships (as prevails in Asia today). From 1950, the two sexes have tended to behave with equal sexual restraint or lack of it. As in dress and hair-styles, there is now often no distinction in sexual impulsiveness or behaviour between the sexes. This is reflected by the decision practitioners find themselves having to make at the present time, as to whether or not to grant the requests of 15- and 16-year-olds for the contraceptive pill.

For example, from the years 1953/54 the attendance of teenage girls in the Annexe rose from 5 per cent to 20-25 per cent of the total female attendance in this clinic. In contrast, the teenage boys' attendance has remained between 5 and 10 per cent of the total male attendance, with a recent tendency to decline.

Whether or not it is true that prostitution in this contemporary scene is on the decline, one can say that the number of the professional clientele in the female Annexe has sharply dropped. It was never, of course, high in this area.

Although change continues to take place in patient attitude and behaviour, and in the clinical presentation of sexually transmitted disorder, there is one bastion that remains relatively firm. Most married people of over 30-35 years of age still seem to hold the view that all genital infection has come from the intervention of a third party.

Yet the experience of the clinic shows that a large proportion of the patients seeking advice are stable sexual couples (married or unmarried) where there is a constant relationship and no coitus with any third party. Of the women who attended recently, 24 per cent had had intercourse only with their husband, 80 per cent with husband, partner with whom they lived, or friend intimately known to them, and 24 per cent with someone not related in these ways. Of the men attending, intercourse was with a wife only in 26 per cent, someone known intimately (including wives) in 68 per cent, and on a casual or prostitute basis in 32 per cent of cases.

There are two further items, difficult to explain: an extraordinary increase in urethritis in men which continues unabated; and a flourishing homosexuality. It is a curious thing to record that rectal intercourse (male to female and male to male) increases in the more northerly European countries. Homosexuality has always existed, but to what extent the changes in the law have been responsible for the large increase in this activity during the past two decades, is hard to say. As a group, homosexual males are more promiscuous than heterosexual males and a great deal of infection of this sort exists among them, particularly syphilis.

The manner in which many people are being alerted to the facts of sexually transmitted illness may possibly make some diseases of this sort seem more alarming to health today than they often are. Yet the remark once made to the writer by a colleague, that the only disorders which gave him real concern were those which might result in death, is surely to miss the point of the rôles of disablement, traumatic experience, and psychiatric illness or disturbance. These are things often to be seen in the patients attending these clinics.

CORRESPONDENCE

Volunteers

SIR,—May I appeal once more, through the "Gazette", to wives of Consultants, Registrars and House Officers to spare a little of their time for voluntary service in the hospital.

We particularly need volunteers for the Trolley shop. Even if you can spare only one morning a month to help with this service, we would like to hear from you.

The Flower Shop in New Guy's House is now selling all the items which are sold on the Trolley, as well as special requirements for the nurses. Here again, we need more volunteers to man the shop.

I wonder if there are any past Guy's nurses interested in giving a few hours to either of these services?

Volunteers may get in touch with me or with either of the following:—

Hon. Organiser of the Trolley Shop: Mrs. Cawson. 693 5781.

Hon. Organiser of Flower Shop: Mrs. McGlone. HOP 7600. Ext. 229.

Yours faithfully,

M. K. Salmon,
Hon. Sec.

Guy's Hospital Ladies' Association,
Guy's Hospital,
London, S.E.1.

Falling Hair

SIR,—I have been pleased over the past few years at Guy's, to notice a slight mellowing of the ultra-conservative attitude exhibited by heads of student bodies and staff, towards a more liberal line of thought—Professor Joseph's letter amply proves my point.

At a time when students are less inhibited to speak openly and express themselves freely, it seems that several of our senior students and junior house surgeons would wish to reverse this change.

The attitude of the authors of "Sixteen Hairs" not only gives the impression of their distaste for long hair, but, far more important, also belies an underlying feeling of antipathy towards a change in attitude. Six years in a conservative establishment has, I think, bogged down their ability to tolerate progressive change, a sorry state indeed.

If their criticism is aimed solely at long hair, then, though I still disagree, I apologise. However, I cannot help but think that the implications of their letter are far more widespread.

Guy's, as well as being a hospital for the treatment of patients, is also an establishment of higher education, a factor that the writers of "Sixteen Hairs" seem to have forgotten. Students in such places of learning are generally expected to be able to think for themselves, and formulate their own values, without being dictated to about such personal matters as mode of dress.

It is an insult to their intelligence to try and govern their behaviour by a rule book. In fact the whole concept of "Standing Regulations" reeks of "Boys will wear their school caps on all journeys to and from school"—but there again, perhaps the writers have been unable to change their attitudes since they left the schools at which such rules were prominent.

Yours faithfully,

J. D. King.

Burnside,
8, Market Square,
St. Neots, Hunts.

SIR,—There are those in this country today who feel that, with the current implementation of the provisions of the Abortion Act, the original concept of Medicine is dead.

It is with regret, Sir, that Mr. A. Langhaar (are there no German scholars among the doctors of 1970?) of Barber's Court has come to the sad conclusion —after reading Dr. Robert Cutler's letter—that the gentle art of satire must also be a thing of the past. Had the author of Gulliver's Travels been faced with an audience made up solely of the readers of your "Gazette", then there can be little doubt but that his works would have survived only as fanciful tales for children.

Cutler thinks it is a pity,
That "Langhaar" should describe as "pretty",
Students whose hair, though bright and clean,
Is longer than it might have been.

His head is bald (he told us so),
And so I wonder, dont you know,
If—like the hair upon his chest—
Cutler's judgment's past its best.

Yours faithfully,

A. Langhaar.

1, Barber's Court,
London, S.W.3.

NOTICE

GUY'S HOSPITAL REPORTS.

Vol. 119/2 has now been published. The contents are as follows:

A three-year laboratory survey of bacteriologically confirmed mycobacterial infections—J. L. Stanford and A. L. Jeanes.

Vi Haemagglutination test for the identification of typhoid carriers—Kevin Anderson.

Experience in a newly-established diagnostic virology laboratory: the first year—Valerie E. Jardine and W. H. H. Merivale.

Experimental Pyelonephritis—R. H. Gorrill.

The influence of urea on the growth of proteus mirabilis—D. M. MacLaren.

Clinical implications of methicillin-resistance in staphylococcus aureus —D. M. Harris.

A comparison of the penicillinases from a methicillin—sensitive and from a methicillin-resistant strain of staphylococcus aureus.—J. M. T. Hamilton-Miller.

Penicillinase in two strains of aerobacter cloacae isolated from the same *patient—J. T. Smith.*

Factors affecting the radiation resistance of dried bacterial spores—J. G. Shoesmith.

Orders for separate copies of this number, or for annual subscriptions to the Reports, should be sent, accompanied by an appropriate remittance, to the Honorary Treasurer, Guy's Hospital Reports, Guy's Hospital Medical School, London, S.E.1.

The special rates for Guy's men are:

Each number 12/6.

Annual subscription, £2 2s. 0d.

THEATRE CLUB – REVIEW

The Unknown Soldier and his Wife

"At first sight, this play may seem nothing more than an elegant restatement of the inalienable universality of class struggle—commitment . . . " So starts a joke programme note for Ustinov's play attributed to the Tavistock clinic. Undoubtedly, however, it is a most inelegant play. Like the strings at a puppet show, Ustinov's efforts to move from one situation to the next, keeping his inferences consistent are always visible, but are quickly accepted and fail to irritate.

This is not to say that it is either an unsuccessful play or that the production and technical direction were other than superb. The awkwardness was in the script not in Guy's production. Consisting of a series of episodes, spaced in time from the Roman Empire to the advent of the TV, each of which moved rapidly into the next, a simple, yet versatile, stage set was required and supplied by Tony Sutherland. His triumphal arch did service as a judge's dias, a London street, a bunker and a cinema screen.

A play relying on slick movement and so many elaborate effects called for competent stage management and effects. Both were forthcoming, and apart from Monday night (when the actors were very nervous), awkwardness was avoided on stage. Undeterred by the great volume of work that they were called upon to dispense inventive effects were produced (notably off-stage battle noise, the like of which has rarely been heard since Milligan and his Goons left Broadcasting House).

Ustinov demands very much of his actors. Although each is supposed to represent some archetype—leader, peasant/soldier, priest, etc.—the differences required in the portrayals from one scene to another (especially in the part of the archbishop) are often considerable. The overall standard of acting was excellent, although I did feel that the two generals pantomined too much at times (to get maximum mileage out of such characters, one must really play them seriously for, appallingly, that is how they took themselves.) Sometimes, however, their melodramatic approach was hilarious.

Gordon Jackson's sergeant was a powerful performance—both in terms of depth and decibels. His character acting was intense and well sustained, and his change of accents for the various episodes displayed a talent well-known to those of us who have been on ward rounds with him. When his part allowed him, he showed himself to be sensitive and acute in his acting. Ustinov did not ignore the value of his smaller parts—35914, 14798, 71696 and 94343, though always appearing as a group, were never as anonymous as their numbers suggested, especially Bill Jackson, as 94343 with his frustrated hysteria which finally erupted in the revolutionary court. Their individuality was often strong enough to threaten the other actors on stage.

The Unknown Soldier and his wife had both, to my mind, very difficult parts. Mike Weindling and Ann Rogers worked hard and well to make their parts vital and acceptable. (To come on stage as a soldier with an opening line of "there are flowers at the other end of this valley which bloom late", requires considerable self-confidence.) He played his part consistently, being funny when Ustinov gave him the chance, and being patient when he had to work to give other people lines.

John Townsend and John Pepper both acted brilliantly. Townsend, though lacking some of the technical skills required by his part (his attempt at a Lancastrian accent reminded me of a fishmonger trying to catch a live eel that had fallen from a barrel), acted with a compassion and insight that made his intellectual volte face during the revolution consistent and sympathetic. John Pepper's acting was an amazing tour de force —even more spectacular on his admission that it is the first time that he has acted. Coming on as an Archbishop into whose mannerisms he falls with ease, moving dramatically and effortlessly into the role of a Roman priest and then holding the stage alone as the callousness and stupidity of his actions dawn upon him, he demonstrated his ability to change the tempo of the play and move the audience without ever losing sight of the continuity of his character and without even a hint of rubato. He opens the second act as a cynically lecherous archbishop embarked on a course of seduction ("Liberty and Libertine are from the same root Madame"), apparently to be achieved through drinking chocolate. This man, through Pepper's skill, is able to stand with dignity in the dock of the revolutionary court without one feeling there to be any discrepancy. To continue would be to send clumsy superlatives tripping over one another.

Gordon Jackson and Rod Hay interpreted the play confidently and thoughtfully. The producer's task was obviously to drill the actors sufficiently to give the play its essential smoothness and yet not to impose too monolithic a concept of how everything ought to be done, and it seemed that Hay did just that.

Staging such a play in an establishment like Guy's—not noted for its revolutionary fervour or readiness to criticise the status quo—deserves praise. Luckily, this is not the consoling praise for lost causes gallantly defended. By meticulous attention to detail, the use of good acting and even such virtuoso pieces as John Wass's drunken bugle on VE day, Hay synthesised a powerful vehicle for Ustinov's ideas without compromising subtlety to this power. More than a message, however, it was an entertaining and often deeply poetical play.

Tom Burns

BOOK REVIEWS

TEXTBOOK OF GYNAECOLOGY, by J. H. Peel & J. M. Brudenell.
6th Edition. William Heinemann. 1969. 60s.

This latest edition of Peel's Textbook of Gynaecology does much to fulfil all the requirements necessary to provide the student with a comprehensive account of the subject. The book is concise, making an additional "short notes" type book unnecessary, and yet sufficiently detailed to render more elaborate text-books superfluous for anything other than "small print" detail. The layout is easy to follow, and the text written in such a way as to hold the reader's interest. A straightforward account of the physiology of the reproductive system serves to put the endocrine aspects of gynaecology on a logical basis without resorting to complicated biochemistry, while the brief anatomical descriptions at the beginning of each appropriate chapter help bridge the all too large gap between the anatomy department and operating theatre.

Of the common gynaecological symptoms, dysmenorrhoea seems to be the only one inadequately covered, a pity when one considers the frequency with which this problem is met in the Outpatient Clinic. An extended chapter has been given to contraception, sterilisation and therapeutic abortion and with good reason, since with the introduction of the Abortion Act of 1967 these aspects of the subject concern many persons outside the world of gynaecology. The section on radiotherapy by Vera Dalley is completely new, and with the ever increasing use of D.X.T. in malignant gynaecological disease, the value of this chapter cannot be over-emphasised.

In all, an excellent buy at £3.

T.M.C.

REPRODUCTIVE PHYSIOLOGY for Medical Students by Philip Rhodes

J. & A. Churchill Ltd. 1969. 60s.

This book, prepared from the lectures that Professor Rhodes has given to 2nd M.B. students over the years, goes far towards putting clinical obstetrics and gynaecology on a sound physiological basis. As he says in his introduction, many aspects of the subject have, in the past, been pronounced fact with little or no attempt at explanation. It is therefore refreshing to see logical thought being applied to everyday clinical problems.

The menstrual cycle is well covered in the opening chapters, and the text generously supported by appropriate photomicrographs. The chemistry of the sex steroids is dealt with in the same section and in a manner which underlines the importance of a basic knowledge of thes compounds.

Following a comprehensive account of gametogenesis, a section is devoted to the all-important problem of contraception. Although the mechanical forms of contraceptives are well documented, one feels perhaps that more detail on the various types of "pill" and the possible complications thereof would be of value.

The material and fetal changes during pregnancy are fully dealt with and, in particular, the circulation and function of the placenta. The influence of uterine polarity on cervical dilation is clearly emphasised, although no mention is made of the possible factors concerned in the initiation of labour. Some expansion here would be welcome.

Professor Rhodes' aim has undoubtedly been to avoid including reference names in the text. As this book is intended to provide for the student with more than just a basic grounding in the subject, it is unfortunate that there are no guides to further reading at the end of chapters. The main value would seem to be as an adjunct to the standard texts.

T.M.C.

FAIRBROTHER'S TEXTBOOK OF BACTERIOLOGY 1970.

Vollum, R. L., Jamison, D. G. and Cummins, C. S. (Eds.) Tenth Edition, Wm. Heinemann, London. 40s.

This is the tenth edition of a book first written in 1937 and could be described as a standard text book. The typography is rather forbidding and the layout is rather cramped but there is a lot in this book. The chapters on Immunology are accurate and up-to-date which is difficult to achieve in these days of rapid advances. The chapters on General Bacteriology are a helpful introduction to the background of Systematic Bacteriology and the emphasis in the latter section is on the clinical and therapeutic aspects of disease caused by bacteria and viruses. The section on General Technique is short but probably unnecessary in a book for medical students since few of them will need to prepare growth media or stains. It could usefully be replaced, perhaps by chapters on hospital infection and the correct methods of collection for different types of specimen. All these criticisms are minor and the book is good value in all senses for the undergraduate medical student.

Mark Wilton

PHARMACOLOGY,

R. G. Penn. Bailliere, Tindall and Cassell Ltd., London, 1970. 292 pp. 25s.

The Concise Medical Textbook series has provided several extremely valuable short books, including an excellent contribution on biochemistry by Datta and Ottoway. This book on Pharmacology by Dr. Penn is of comparably high quality. It is accurate from a clinical point of view (which is of extreme importance even for pre-clinical students), and the scope is surprisingly wide for such a brief book. Some of the molecular aspects of pharmacology are dealt with in an interesting and attractive way. Particularly impressive was the chapter on the mechanisms of action of chemotherapeutic agents.

It is only too easy to criticise any text, but the only serious error of omission I found was the failure to mention nitrazepam amongst the hypnotic drugs.

I think the book should be very useful for both dental and medical students who require a summary of pharmacology whilst preparing for examinations.

R. G. Spector.

REVIEW OF PHYSIOLOGICAL CHEMISTRY.

Harold Harper. 67s.

Review of Physiological Chemistry by Harold A. Harper treats physiology and biochemistry as truly complementary subjects. This recommends it to the student of biology or of medicine to help overcome the frequently criticized compartmentation in his mind of these two subjects, often a result of them being taught in two separate departments.

The first few chapters deal concisely with the chemical structure and characteristics of all types of biological compounds, whose metabolism and function is covered in later chapters. The only criticism in these first few chapters is of something that biochemists find distressing and students will find misleading, and that is such compounds, which exist in biological conditions as charged entities have been represented in their un-ionized forms e.g. adenosine triphosphate (p. 55) is negatively charged at pH 7.0!

The metabolism of carbohydrate, fats and protein is dealt with in much more detail to give a good understanding without confusion. The metabolic maps are particularly clear and the linking of pathways for the production of energy and interconversion of major substances are well indicated to give a complete account. A long section on enzymes deserves a special mention. It gives an excellent up-to-date account of a particularly broad subject, covering every possible aspect from structure and intra-cellular distribution to kinetics, regulation of activity and genetic considerations.

Special chapters are devoted to the chemistry of physiological functions such as respiration, digestion and absorption, liver function, kidney function; and to the chemistry of blood, lymph, cerebrospinal fluid and tissues. Also the chemistry and function of hormones, and the rôle of water and mineral metabolism are dealt with in some detail. From these especially a student of medicine will find the Review provides a useful link between formal biochemistry classes and the biochemistry of diagnosis and a help to recognise the relevance of biochemistry to clinical medicine—a common difficulty at the pre-clinical stage.

The sections on organic and physical chemistry are very brief and not adequate. However, they are not absolutely necessary to this review anyway, since a background knowledge of these branches of chemistry has obviously been assumed for the earlier chapters.

The Review covers all possible aspects of mammalian physiological chemistry in a concise, factual and elementary way. It is presented in a pleasing manner with clear, very useful diagrams, is well indexed and has a short, not in the least overwhelming, up-to-date list of references at the end of each chapter.

It is recommended to students of medicine studying for 2nd M.B. examination, who will certainly find it useful for reference later during the clinical course. Sixty-seven shillings is a reasonable price for such a wealthy source of concise information.

SPORT

SPORTS COMMENT

Once again the "sick man" of Guy's sport seems to be the tennis club. Even the beautiful weather this term has failed to draw the club from its shell. One is inclined to ask whether it still exists or not. The fact that tennis matches are still played can only be determined from the snippets of information which occasionally filter through to the rest of the Guy's men. For the record, only one report has reached the "Gazette" from the Tennis Club in three years.

The activities of the club seem to be enclosed in a shroud of mystique. No one seems to know when the fixtures are held, and even more seriously how the teams are selected. It would seem that such conduct is absolutely ludicrous when there is a great number of tennis players who wish to play for Guy's.

It may be too late to make an appeal for this season for a more energetic and keen tennis club. However, if organised tennis at Guy's is to continue, the club must become more communicative. Also a more energetic club could harry the groundsman into uprating the condition of the courts, which are becoming rather seedy and are deterring the more serious players. All this calls for, is a little effort.

CRICKET

GUY'S 1st XI v. GUY'S PAST

Result: Guy's won by 6 wickets.

The Past started their innings with a formidable 46 runs by the opener, D. Silk, who, at first, looked to be hitting the ball better than he has ever done for the present XI. However, he began to experience a little difficulty against Fordham's bowling just outside the off-stump, and snicked an outside edge into wicket-keeper S. Bowden's gloves. The umpire remained firm, although his decision was hotly contested. Gillham "trundled" well from the grandstand end and soon found an outside edge held at first slip. Then the batting began to subside, and it took M. Pegliero to lift it from the abyss of despair, to its former glory, with a fine 100 not out. The Past declared at 204 for 8 wickets. Fordham, taking 4 wickets for 78, S. OKeefe, 3 wickets for 75.

The Present made a good start, and A. Holland, playing in his first match of the season, made 57 not out, "carrying his bat" through the entire innings. C. Langdon hit a superb 109 in 1 hour 20 minutes, and R. Burns made 18 not out to win the match.

Present: A. Gillham, A. Holland, R. Croft, R. Fitton, C. Langdon, R. Burns, M. Winter, R. Hanson, S. O'Keefe, P. Daz, M. Fordham.

Past: D. B. A. Silk, R. Kendrick, P. Swift, M. Pegliero, B. Rowlands, J. D. Williams, M. Appleby, R. Henriques, I. Munro, C. Pearson, R. Beecham.

M. G. Fordham.

GUY'S HOSPITAL 1st XI v. THE MOTE

Result: Draw. Guy's 214 for 5 declared. The Mote, 159 for 9.

The Mote have always been one of our most powerful opposing sides, with their sprinkling of Kent County Players, and Guy's, having won the toss, had the dubious advantage of batting first.

That stalwart opener, Gillham, began to accumulate runs at a furious pace, with assistance from D. Silk scoring 25 runs, he rocketed to 54 runs in three hours. At lunch, an amazing total of 100 runs for one wicket, indicated our desire to compensate for previous years' failures. R. Goodhart hit a masterful 57 before being caught in the covers, and after lunch, Langdon, 27, and R. Clark, 28 not out, consolidated our position and provided a competitive declaration.

We achieved an early breakthrough in the field, removing their star batsman in the first over before he managed to get bat to ball. With this inspiration, the fielding tightened, and S. O'Keefe took six good wickets, bowling unchanged for 26 overs. However, their "tail-end" batsmen remained undaunted and we had to be content with a "moral victory", a draw.

Team: A. Gillham, P. B. A. Silk, R. Goodhart (capt.), C. Langdon, R. Clifford-Jones, R. Fitton, R. Clark, R. Burns, S. Davoodbuoy, S. O'Keefe, M. Fordham.

M. G. Fordham.

BOAT CLUB

BOAT CLUB A.G.M.

At the recent A.G.M., the following officers were elected for the 1970-71 season:—

President—Mr. J. W. Mansie, F.D.S., L.R.C.P., M.R.C.S.

Captain—M. J. Gleeson.

Secretary: G. Moulding.

SUMMER REGATTA: Saturday, 6th June, 1970.

About 100 years ago the oarsmen of Guy's used to compete in sculls and pairs races for trophies which had been presented by some of the founder-members of the club. Over the years this tradition had been forgotten, and indeed the trophies mislaid. However, due to the inquisitiveness of our President, Mr. Mansie, these trophies have been recovered and restored to their original beauty, and it was his suggestion that a competition should be started again so that they could be put back into circulation. As a result, the first Guy's Summer Regatta was held this year.

There were only supposed to be three entries, but due to the enthusiasm of our rugby colleagues, who had competed so spiritedly in the Bumps, we included a special event for them. The programme consisted of the following:—

(1) Coxed IV's.
(2) Sculls.
(3) Vice-President's IV's.
(4) Rugby IV's.

Mrs. Mansie made the draw for the serious crews and for the order in which they were to race. They were as follows:—

1. COXED IV's.

Crew "A"—Bow, H. Fuller; 2, S. Gregson; 3, M. J. Gleeson; stroke, P. R. Hunt; cox, F. Moorhouse.

Crew "B"—Bow, C. Howard; 2, M. Thomas; 3, P. Stevenson-Moore; stroke, N. Bax; cox, R. Ashman.

Crew "C"—Bow, C. Pugh; 2, R. Ashman; 3, G. Bergman; stroke, R. Newton; cox, C. Howard.

Crew "D"—Bow, J. Taylor; 2, T. Barnes; 3, J. Monson; stroke, M. Hunter; cox, F. Moorhouse.

The course was from Quintin Boat House to the University Boat House, about 1,000 metres. In the first race the two favourites, Crew "A" and Crew "B" met, Crew "A" winning convincingly by a good two lengths, being up all the way from the start.

Crews "C" and "D" then met, and "D" in a very close race won by one length. In the final crew "A" repeated their performance of the first round by quickly establishing a lead and holding it, although there were moments when it looked as if the "D" crew might reverse the situation. A spurt after 700 yards by the "A" crew and some fiendish coxing by Moorhouse sealed the fate of the "D" crew who finished some three lengths down. In the third place final crew "B" beat crew "C" by two lengths.

2. SCULLS

A shorter course of 800 yards was chosen for the sculls. In the first heat P. Stevenson-Moore beat M. J. Gleeson by half a length—a generous judgment made by Mr. Mansie who must have been dreaming of years past and the length of quinquitemes when giving the decision.

However, the second heat was closer when N. Bax took an early lead over M. Hunter, only to lose it inch by inch to the finish when he was a canvas down. In the light of the first two heats, all other would-be scullers scratched!

The final proved to be quite a dramatic affair, Hunter was awarded a half length handicap to compensate for the stream which Stevenson-Moore closed quickly—but unfortunately for him no sooner had he established a lead than he capsized leaving Hunter only to stay afloat to win—which he did.

3. VICE-PRESIDENT'S IV's.

Two crews composed of past members and Vice-Presidents were competing in Tub IV's—which is no reflection on the physique of our Vice-Presidents!

John Scuse and John Osborne along with two of their friends who had been in serious training for some months in anticipation of this event, coerced Mr. Mansie to cox them. They were opposed by a crew with an Olympic ring about it—Tim Kirk, the Olympic cox, showed everyone that he had picked up a few tips on rowing style from the blunt end of the boat, and found himself being shouted on by his wife Hazel, who nobly coxed the crew. Doug Gurney the Honorary Coach and former captain of Guy's in the early 60's along with Steve Gregson and Peter Hunt completed the crew.

Mrs. Mansie was official starter and quite unashamedly gave the Kirk crew a length handicap much to her husband's astonishment. Mr. Mansie's crew however, rowed very powerfully and aided by a dead straight course right down the middle of the river won deservedly by half a length.

4. RUGBY IV's.

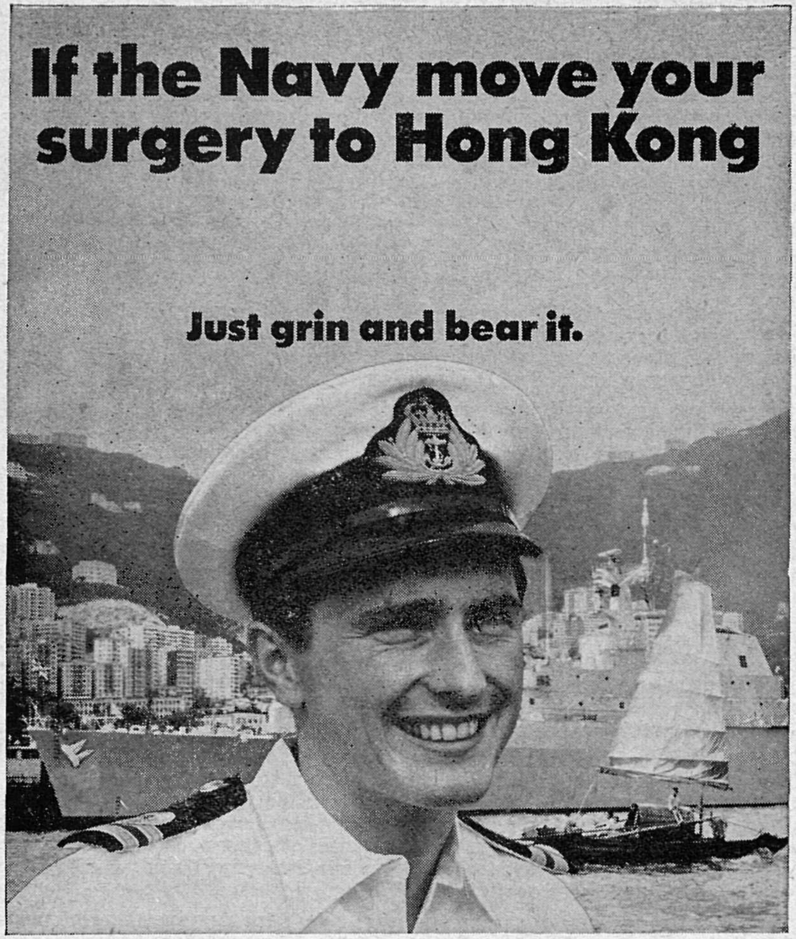
The Fifth Bump's VIII split and raced in two IV's over an 800 metre course, crew "A" beating crew "B".

Crew "A":—Bow, Cope; 2, K. Rigg; 3, M. Epson; 4, K. Ryan; Cox, Blackwell.

Crew "B":—Bow, Fleet; 2, Royston; 3, Boyse; 4, Watkin; Cox, Ootland.

Prizes were later awarded to the winning crews by Mrs. Mansie. The afternoon was greatly enjoyed by all and it is hoped that over the next 125 years this event will grow in stature and become one of the big social events in the Guy's Calendar.

M. J. Gleeson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RN
ROYAL NAVY

HOSPITAL INFORMATION

APPOINTMENT VACANT

Applications are invited from Medically qualified graduates for appointment for one year in the first instance as **Research Assistant** in the Department of Surgery to work in the breast clinic on a research grant. The post will provide opportunities for clinical work *and is suitable for someone working for a* higher qualification. Salary according to experience in the S.H.O.-Registrar range. *Further details and form of application* obtainable from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

GUY'S HOSPITAL

Applications are invited from medically qualified graduates for appointment as soon as possible as **Research Associate** in the Cardiac Department for a period of one year to assist with existing research projects in the department. The post will provide opportunities for clinical work and would be suitable for someone studying for a higher qualification. Salary, according to experience, in the S.H.O.—Registrar range. Further details and form of application from *the Dean, Guy's Hospital Medical School,* London Bridge S.E.1.

GUY'S HOSPITAL

Applications are invited for the post of **Senior House Officer** in Rheumatology and Rehabilitative Medicine to the Hume Kendall Unit at New Cross Hospital for the period 17th August, 1970 to 28th February, 1971. Applications *naming two referees or enclosing two recent* testimonials should reach the Superintendent, Guy's Hospital, London, S.E.1, not later than **29th July, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of **S.H.O. in Clinical Pathology** to the Guy's Group of Hospitals with appointment to commence as soon as possible until 30th September, 1971. Opportunities will be available for promotion to those wishing to make a career in Clinical Pathology. Forms of application are *available from and should be returned to the* Superintendent, Guy's Hospital, S.E.1 not later than **24th July, 1970.**

PERSONAL

FOR SALE—Wates Maisonette at Lee Green, *near Blackheath. Convenient for Guy's.* Vacant possession end September. For details phone: 01-852 0140.

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CHANGES OF ADDRESS

A. F. Broad, M.B.B.S., D.M.R.T., Consultant Radiotherapist, Plymouth General *Hospitals, Freedom Fields, Plymouth, Devon.* Home Address: 6, Eliot Drive, St. Germans, Near Saltash, Cornwall.

Mr. and Mrs. M. E. Conybeare, Staff House, The Orthopaedic Hospital, Oswestry, Shropshire

Dr. Noel Curry, University of Oregon Medical School Hospitals, 3181 S.W. Sam Jackson Park Road, Portland, Oregon 97201.

Stephen Orlans, Esq., B.D.S., L.D.S., 117, Eton Rise, Eton College Road, London, N.W.3.

Dr. and Mrs. D. R. H. Vernon, 5, Miers *Avenue, Inverness. Telephone: 0463 35858.*

BIRTHS

FAREBROTHER—On 5th July, 1970, to Ann *(née Fox) and Martin Farebrother, a daughter,* Katharine Jane.

JAMIESON—On 20th May, 1970 to Charlotte (née Taylor) and Thomas Jamieson, a daughter Fiona Clare, sister for Stuart.

RISSIK—On 19th April, 1970 to Judy (née Hawker) and Bernard Rissik, a daughter, Jane Alice.

RUSSO—On 2nd June, 1970, to Priscylla (née Stafford-Clark) and Gian-Carlo Russo, at Via ducca di Genova 193, Rome, a daughter Belinda, sister for Micaela.

SCHWEITZER—On 4th July, 1970, to Wendy and Frank, a daughter, Paola Lucia.

WILLIAMS—On 30th May at King's College Hospital, to Pamela (née Wilkinson) and Jonathan Hyatt Williams, a son, Alexander James.

DEATHS

READ—Dr. Richard J. Read, husband of Gillian R. Read, S.R.N.—Died 16th June, 1970 at 1, Doddington Road, Lincoln, aged 36.

WAY—On 9th April, 1970, John Kingdon Graham Way, M.R.C.S., L.R.C.P. at the age of 65.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

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Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS R. S. TROMPETER and S. M. KILPATRICK
SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2140

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Elect to Teach

Not infrequently medical students' clinical training is attacked for its tendency to encourage over-specialisation. The student, it is claimed, is so overawed by the glossy world of "big" hospital medicine that reality slips into the distance. Such complaints are often levelled at the sparsity of common clinical material encountered by the students, with the terse reminder that as the majority will spend little time after graduation within the sophisticated ivory towers of the teaching hospitals, more than just an acquaintance with these common disorders is required. The usual retort offers the consolation that all junior hospital staff will encounter enough of such material to make good any losses, wherever they are practising. In this latter there is more than a grain of truth.

Nevertheless, it is reasonable to assume that the authorities are sympathetic to this complaint which, with other valid reasons, must prompt them to send students to peripheral, non-teaching hospitals for periods of study.

Excluding the two elective periods, Guy's medical students spend about twelve weeks away from the alma mater. This constitutes only one twelfth of the total clinical course which far exceeds the similar opportunities provided by some other London teaching hospitals. It is relevant that the student rarely finds these excursions worthless;

mostly the verdict is very favourable. Invariably he is provided with an increased insight into hospital medicine with greater awareness and understanding of the problems he is soon to face.

It is the minority who find the life in these hospitals intolerable while the majority discover with surprising ease their compatibility with the less dynamic, sometimes soporific, atmosphere. On these occasions the student is frequently left to himself. The clinical wealth of the entire hospital is spread at his feet and there is always someone to show him the way.

It would seem fair to say that most students approach these opportunities sensibly, having first established an equilibrium between medicine and the profuse opportunities to eat (a feature peculiar to most of these hospitals!) But on occasions, time is too short to allow more than a cursory glance over the various hospital departments.

This applies in particular to the specialised hospitals which provide an essential supplement to the shortage of clinical material seen in general hospitals. They do much to give the speciality greater depth but could do more if allowed more time.

More important than this, however, is the absence from the curriculum of an excursion into the realms of general practice. Reliable sources state that 60 per cent of all doctors spend some time working in this speciality, and for one which is so chronically unpopular amoungst students, it seems distinctly unrealistic not to expose the final year student to it. Judging by the favourable attitude towards casualty duty and other forms of "front-line" medicine, such an opportunity would be well received: Australian students place much value on their similar experiences. Of course such a scheme could not materialise without the support of the practitioners. and, therefore, it would be of considerable interest to hear of their willingness. Even medicine responds to demand by supply.

As Others See Us

What is a Guy's student? If I may assume the power for which Robert Burns so eloquently longed, I offer here the observations of the naive foreign eye, coloured by American prejudices and unfettered by English discretion.

His most conspicuous contrast to his New World congener is his lack of the tradition of the self-sacrificing physician. It never occurs to him to justify his aspirations to Bentleys and knighthood by cultivating bags under his eyes, a trace of stubble or a sleep-robbed gruffiness. Not surprising, perhaps, since the Puritans never made it big here, and the existence of a primitive frontier conducive to such things is so far removed as to ante-date punting on the river at Cambridge. But even so, the path daily trodden, laden with sanguine and laboriously labelled tubes, into the bowels of the Medical School would seem a good start. Or the tedium of spending Saturday morning in the library (it is open then, you know), sitting in his favourite antediluvian chair, poring over the newest available textbook of Medicine (Oxford University Press, 1639) or contemplating the protean beauty of the day's 17th urine sediment.

It is, I expect, the frequent periods of respite that obviate an ethic of self-pity: lounging in the Spit, discussing Kwashiorkor or debating whether the average number of correct answers in the 7th MB is 2 or 2½, or taking a rubbing of the medieval carvings in the Physiology Theatre.

Whatever the explanation for his contentedness, the Guy's student seems so well adjusted to his situation that the restive New World observer feels compelled to search for more subtle hang-ups, which explains our maladjustment. J.H.

Jim Heiby is a student at the Johns Hopkins Medical School, Baltimore. He recently visited Guy's for two months, and was asked by the Gazette *to record his impressions of Medicine as practised in the Old World.*

Appointments

We offer our congratulations to Air Vice-Marshal R. O. Yerbury, C.B.E., on his appointment as Honorary Surgeon to the Queen, and to Air Vice-Marshal G. H. Dhenin, A.F.C., G.M., on his appointment as Deputy Director General to Medical Services, Royal Air Force.

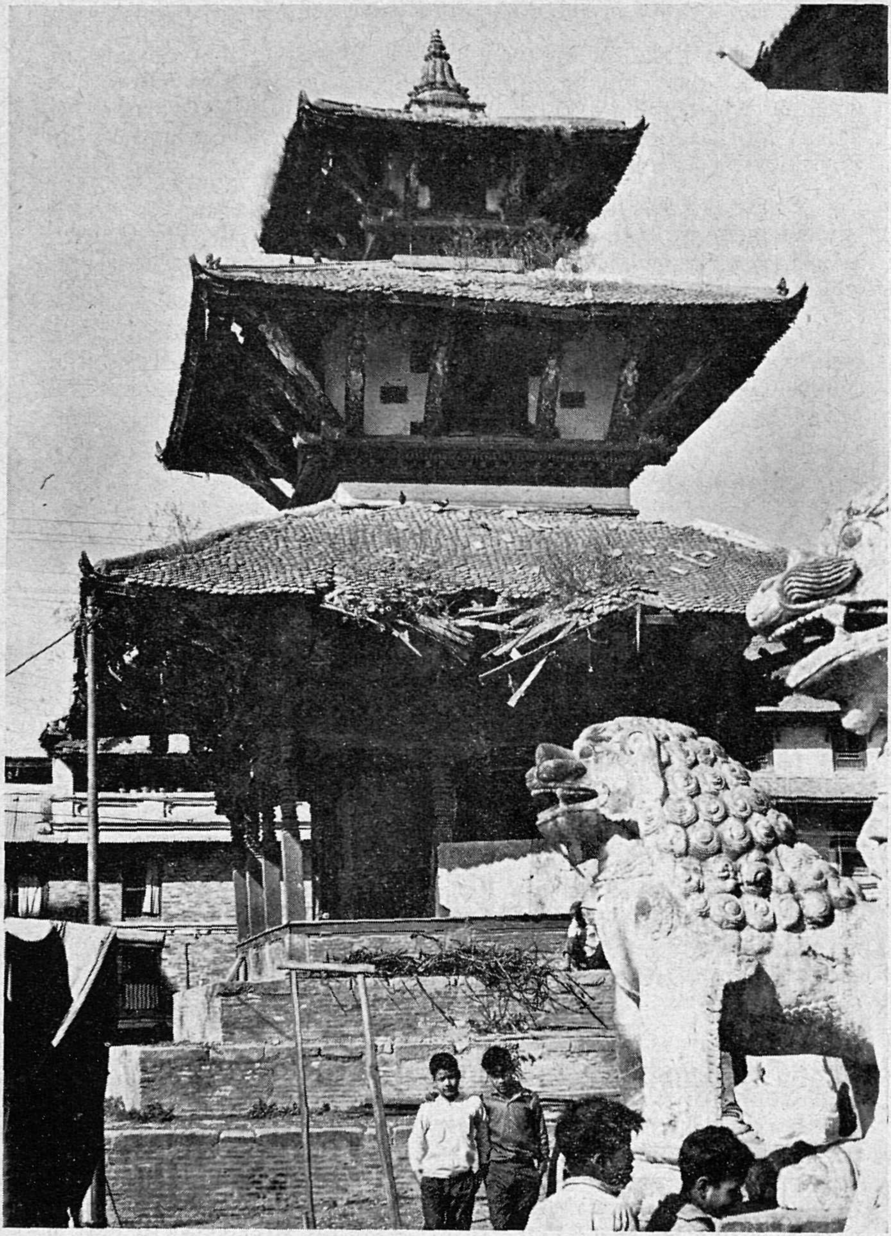
Award of Annual Bursary

The Annual Bursary, inaugurated in 1969, when Prize-giving was discontinued, has now been awarded for the first time. The successful applicant is Miss Pauline Mordue, who hopes to use it to study Renal Dialysis and Transplantation in the United States.

Nurses of the September, 1966, June, 1967, and May, 1967, sets are now eligible to apply for the Bursary in 1971. Applications may be made between the 1st January and the 31st March, 1971, and the Bursary will be awarded in September, 1971, for use during the subsequent twelve months.

Rugby Supporters Club at Guys ?

It is the intention of the Rugby Club to form a society or club for the supporters of Guy's rugby. This is hoped to improve the attendance at home games, and to create greater unity amongst the medical and non-medical staff at Guy's, as well as introduce the local people around H.O.P. to Guy's folk. What are your views on such a step? Is this just a publicity stunt? You can read more about it in the Sports Section. If you have any suggestions, criticism, why not write to the *Gazette*?



A Temple in poor state of repair

KATHMANDU

by

Peter Pitt

Kathmandu, the capital of Nepal, is situated in a valley surrounded by mountains. The valley extends about fifteen miles, while it is eight to thirteen miles wide. On a clear day, Mount Everest can be seen from certain parts of the valley.

Legend has it that this valley was once a huge lake called the Serpents Lake, where Karkotaka, King of the Serpents, once lived. Then one day, a wandering Buddhist threw the root of a lotus into the water, prophesying that, when the lotus flowered, the water would drain away, leaving a fertile valley. Eventually when the flower blossomed, the Bodhisattva Manjusri came from a holy mountain in North China and, with a mighty blow of his gigantic sword, sliced the Chobar gorge through the Mahabharat mountain range to the south of the valley. Through this gorge the Bagmati river flows till it reaches the more sacred Ganges.

Another legend tells how every morning a goddess used to come down from her palace amongst the Himalayan mountains to bathe in the lake, until one day she was seduced by the god Bim Sin, as she was resting naked on the banks following her swim. She duly bore a child who was named Pirinaran. This boy was given the land by the amorous god, after he had carved the gorge through the mountains, thus releasing the water. Pirinaran was the first of the Newars. It is from the Newars that the word Nepal is derivated. For the next two thousand years, Newars ruled the valley and it is their skills with wood, brass and gold that have made the city so fascinating. The Newars were eventually conquered in 1768 by the Gurkhas, led by Prithwi Narayan. The present king is directly descended, coming to the throne in 1955.

However, about thirty years after the peace treaty of Sanauli in 1815 with Great Britain, a prime minister called Jung Bahadur Rana made himself a virtual dictator (1846). He instituted hereditary succession for himself and his family so that, for the next 104 years, there was virtually only Rana rule in the valley of Kathmundu.

With Indian Independence and the return of knowledgeable soldiers at the end of the Second World War, the Nepalese Congress Party developed and the king was eventually returned to power. Finally, the king banned all political parties and took over direct rule of his country.

Though the valley is irregular, when seen from above, it is said to have the shape of the Khora, the sword of the Divine. The Buddhists claim that this represents the sword of Manjusri, after he had carved the gorge, while the Hindus claim the sword belongs to Devi, a mother goddess.

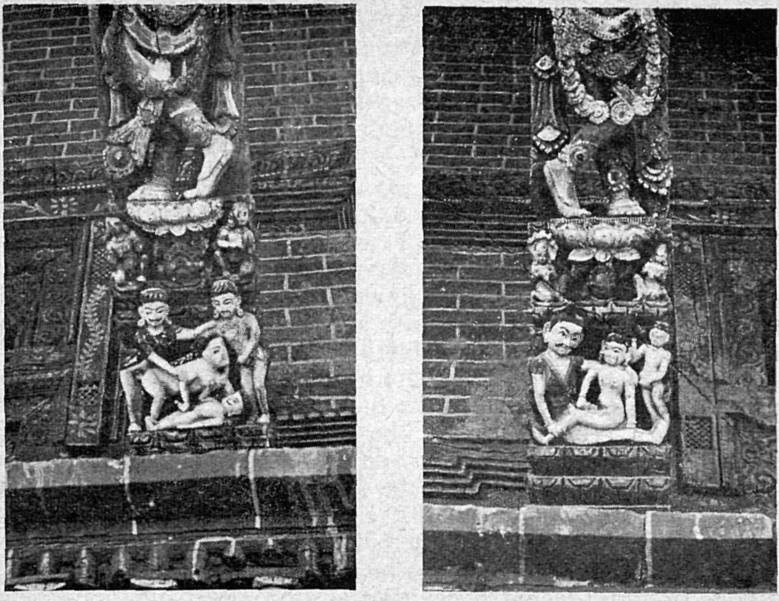
Kathmandu literally means "wood house", being derived from the temple of Kastamandap which stands in the middle of the old city of Kathmandu. Legend recounts that, during the 16th century, the "Voice of the Divine" ordered a poor working Buddhist man to build a house from the wood of a single tree. This he did with the timber of a huge sal tree which grew in the nearby forest. He constructed a simple three-storeyed pagoda, purely as a resting place for travellers.

Kathmandu is actually three cities, Kathmandu proper, Patan "the city of beauty" about two miles away, and Bhatgaon "the city of devotees", nine miles away. Patan is also full of Buddhist monuments and Hindu temples with their intricate carvings.

In the middle of the capital I came across something I never expected to see in Nepal: traffic lights. Well, I think my surprise was shared by the 235,000 inhabitants of the valley, not excluding the policeman operating them. The lights had only been installed a month before my visit and the policemen were gaily waving us on with the red lights glaring back at us! The poor pedestrians obviously had no idea at all of what was going on, half-crossing the road and then scampering back in terror, as the vehicles surged forward. The policemen, however, seemed very happy with their lot and are certainly the most friendly force I have come across in any capital in the world.

Kathmandu has been described as a mighty maze without a plan. This description seems very appropriate. There were few decent streets, the majority being just dirty little narrow lanes, in a dilapidated market town, with very backward sanitation. It was similar to how I imagined London had been before the Great Fire. That was why it was so fascinating.

Right in the middle of the capital is Durbar Square, which was once the residential area of the old rulers of Nepal. In the space of a quarter-mile radius were packed forty temples; in the centre was Hanuman Dhoka, an old Newar palace, where a statue of this popular monkey god guards the entrance. The carvings on the temple walls and wooden windows were intricate but hardly beautiful. Hidden beneath the eaves, usually interspersed by carvings of a leaping horse, each with an enormous erect phallus, were the most pornographic carvings I have seen anywhere in the world. To the casual observer, there is nothing crude to see, apart from the horses, but when told where to look, these perverted carvings are obvious on practically every temple. Amongst many other things, I was told these carvings illustrate 150 different variations to the act of sexual intercourse. In one particular scene a man was satisfying eight women at the same time, using all four of his limbs, three of his natural orifices, but I cannot recollect the method he used with the eighth. A lot of



Temple Carvings

brutality is depicted in the carvings, varying from straight-forward flaggelation to demons tearing out the intestines of their female victims. Many temples are empty shells, utterly devoid of anything at all inside. In addition there is little, if any, upkeep, except, once a year, when prayers and offerings to the gods are made from that particular temple.

Near Durbar Square is the home of The Living Goddess, where the doors and windows are made of intricate wood carvings. Here again carvings portray acts of sexual intercourse, for they are meant to frighten away the very prude Goddess of Lightning. A pure young girl of about five is chosen as the goddess at a meeting of the highest priests. By "pure" it is meant that she has never spilt blood. She remains in this house, as the Living Goddess, until she reaches puberty—that is, until her menstruations commence. Her family are permitted to live with her. The goddess only leaves the house on certain ceremonial occasions. Once a year she is taken round Kathmandu in a procession and, on this occasion, the King will bow down before her and pay her homage, for she is worshipped as a divine incarnation of virginity. These religious processions are very numerous in Kathmandu and in one of them, during which a huge wooden image is carried through the streets, all the telephone wires along the route have first to be taken down. When the Living Goddess reaches puberty, she is pensioned off and another is chosen in her place. Sadly she very rarely marries, as men are frightened at the thought of being married to a goddess, even if she is an ex-goddess.

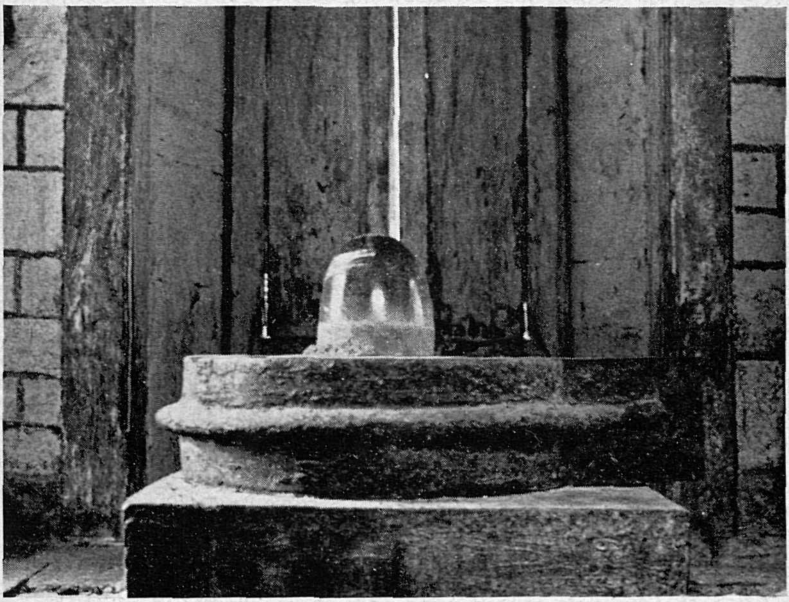
We entered the courtyard in front of the house and the Living Goddess, then a girl of about nine, appeared on the balcony above us. I tried to photograph her, although this is strictly forbidden, but she was expert in avoiding cameras and each time I lifted the camera, she dodged behind a pillar. Eventually she got fed up with my efforts and disappeared completely. If I had wanted to photograph her successfully, I would have first had to bribe the man at the door and then the goddess herself.

With two American friends I visited the two great centres of worship of the two different denominations. First we drove through Pashupati (another name for Shiva who, incidentally, with Vishnu and Brahma make the Hindu Trinity) Park which is full of semi-tame monkeys. These monkeys are held sacred in memory of Hanuman. We eventually came to the huge pagoda-styled temple called Pashupatinath, which is one of the most famous places of Hindu pilgrimage in the world, especially on Shiva's birthday. Most of the area is confined to Hindus but the temple was clearly visible from the opposite bank of the Bagmati river, where people of all denominations are allowed. Outside the temple, a man was selling wood for the funeral pyres. A funeral was just beginning as we were crossing a bridge over the sacred river. We hastily settled our lady friend amongst the statues on the opposite bank, for neither did she wish to witness the spectacle nor did we want her upset by it.

I noticed little cells by the side of the river. These were for the dying. When any Hindu is thought to be near departing this world, he is carried to the water's edge where his feet are placed in the sacred water; thus when he dies his place in heaven is assured. It was obvious, from all the attendants present, that it had been an important man who had recently died. His body was carried from one of these cells by several bearers. It was covered by a rich red cloth, carried along the cement bank of the river and finally placed on a huge stack of firewood on a cement slab sticking out in the river like a miniature jetty. Above the cement base was a cover so that, during the monsoon season, these cremations could continue. There were several such jetties for funeral pyres. A women, I presume his wife, was wailing pitifully, though perhaps rather too ostentatiously. Between the wood and the body had been placed wet straw. I could only postulate that this was either to make more steam and smoke or to bring the sacred water into closer proximity with the body. The mourners (there must have been all of thirty present) undressed quite unashamedly down to their underpants or loin-cloths and entered the filthy water, while the women in the party congregated lower down the quay. I failed to notice whether they ventured into the water or not. Meanwhile, other women simply continued washing their clothes on the opposite bank, quite oblivious to the sufferings of the mourners. Next a man led the widow twice round the body. The more senior male mourners then cupped up water from the river in their hands and in turn poured it into the deceased's mouth.

Perhaps this was to keep him cool during the cremation! The eldest son then had to walk twice round the body while escorted from behind by a priest. He set light to the straw, and at that moment a most extraordinary thing happened. A whirlwind tore up the river away from the body and I had to turn my back on the funeral to protect my camera lens. I can only assume that this was the spirit leaving the body. Immediately the mourners immersed themselves in the river and energetically scrubbed their whole bodies and even washed their hair in the water. This act may have been to cleanse themselves after having touched the dead body. The red robe was removed as the straw caught fire. The mourners dressed and slowly slipped away, apparently leaving the burning body quite unattended. Finally, it would be reduced to ashes and these would be blown into the river and thus they would float down to join the Ganges.

Later we wandered down to near the cells, where the dying Hindus were existing, while waiting for their end. While some certainly looked very old and frail, others looked remarkably sprightly and were even reading books. Outside each cell was a pile of wood, a rather sad, pathetic sight for one's last few days on earth. It seemed as bad as putting a coffin in a dying man's room. I am told that some old people are hastened on their way by mud being inserted into their nostrils while they slept. Embarrassingly, others have to be taken home again when they have not died within a certain period.



Phallic Symbol

On the bank of that same river was a line of little temples. Inside each was a lingam, an erect phallus, in honour of Shiva, whose temple was opposite. A woman desirous of becoming pregnant, having found that the more conventional methods have failed, may sit, at certain times of the year, on these phallic symbols and menstruate into a hollow saucer-like depression around the smooth, highly-polished protrusion. They pray that thus they may be impregnated by the gods. Similar temples are very common in Kathmandu.

We left the temple area, where the monkeys were playing in the buildings and scampering across the water, and drove to a huge Buddhist temple called Bodnath Stupa. "Stupa" means "a domed temple" and the Bodnath Stupa consisted of a round platform of bricks rising up by steps to a huge cupola, on which had been built a tower of brass and gold. Built in the outside wall were a series of copper prayer wheels, which the pilgrims turned with their hands, as they walked round the temple, chanting their prayers. From the tower "big brother" all-seeing eyes looked out in the four cardinal directions to demonstrate how nothing escapes the gaze of the Almighty.

Here we were met by little beggar boys playing musical instruments. These were made from hollowed-out pieces of wood. The children sang only a few stanzas before demanding rupees. They made such a din that we were embarrassed for the peace of the temple. One very pretty young lady was ostentatiously breast-feeding her baby, just outside the temple, while she begged for money to buy food for her starving child. To begin with, as she was breast-feeding her baby, the baby did not require any food. In addition, both mother and baby looked very well nourished to me. However, she was a pretty expert beggar for, when I ignored her, she brazenly bared both her bosoms and, as I was now getting a little embarrassed, not knowing what to expect next, I gave her a rupee to be rid of her. She was gone in a flash, as if the ground had swallowed her up. I'm afraid it wasn't a very clever move for now the little boys, joined by an old man also with a musical instrument, doubled their efforts for their rupees. The racket was appalling.

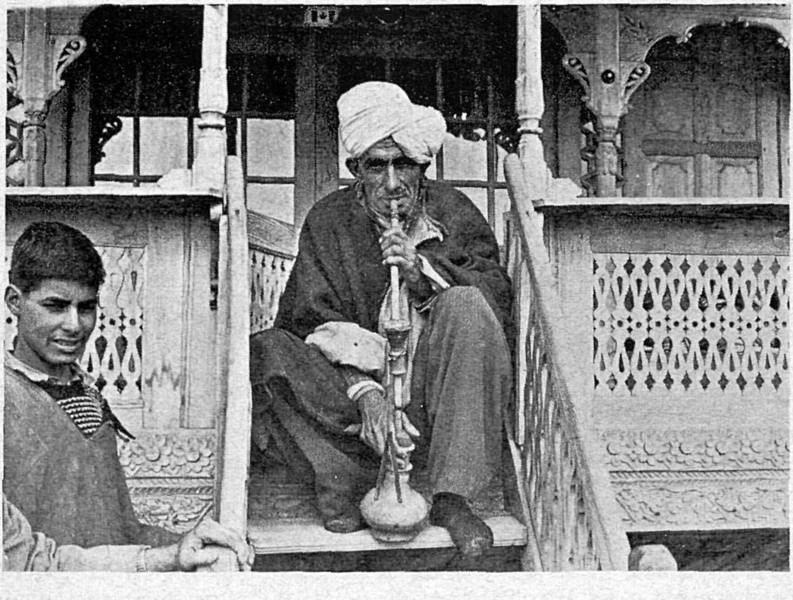
The temple, which was said to be more than two thousand years old, is named after Buddha, but it is also known as Khasti, which means "dew-drops". Once upon a time a king built an aqueduct along which water simply would not flow. The aqueduct became such an obsession that he decided that the only way it would be possible to get it to function would be by the supreme sacrifice of his own life. Accordingly, he ordered his son to behead the person, whom he would find the next day, covered by a sheet, by the aqueduct. This the son dutifully did. When, to his horror, he discovered that he had committed patricide, he fled to a goddess in the mountains. He implored her to help him to atone for his terrible sin. She instructed him to build the temple. But no sooner had he started than a drought occurred in the valley, which lasted twelve years.

The prince had to complete the building, so the builders laid sheets out on the grass every night so that they were saturated by dew. In the morning the sheets were wrung out and with this water they completed the temple.

My friends knew the Chini Lama very well and, as his house was directly opposite the temple, we were at last able to shake off the beggars and find sanctuary in his home. The Chini Lama is the spiritual leader of the Buddhists in this area, being the Dalai Lama's representative in Nepal. He was a most interesting and wonderfully preserved old man for seventy-eight. This area of Kathmandu has become the Tibetian refugee centre and a lot of their income is derived from tourists.

I was not at all proud to be a westerner in Kathmandu for the capital is full of "world travellers". These beatniks have hitch-hiked or bused across the world and find Kathmandu an ideal place for their meditations. There they can congregate in the empty temples and live very cheaply in "hotels". In fact, they live on a diet of rice, vegetables and fruit; they can exist comfortably, by Nepalese standards on five shilling a day. They looked and were an awful mess and must be a terrible example to the Nepalese, especially the uneducated villagers.

It was even rumoured that some British girls were prostituting themselves in Kathmandu and my friends told me degrading details of how Americans had actually sunk to begging. There was a place



Having Pot

called "the camp" which is a most popular meeting-place for these beatniks as it also provides cheap meals. Many of the world travellers smoke hashish (having pot). It is locally grown and very easily produced. Hashish is widely smoked throughout the East. In Pakistan it is called "hubble-bubble". It is known as "hooka" and the "Turkish pipe" in the Near East. I was told it is very much an acquired taste for the tobacco is very damp, so one is very largely smoking charcoal.

It is strongly rumoured that opium is also widely smoked in Kathmandu, though it is doubtful if it is actually grown in the valley. Its growth is, however, definitely encouraged in the hills where British Gurkha officers, when trekking, have come across the poppy. The excuse given for growing it is that it is purely for the visiting holy men either to smoke or chew! There is a very active market for opium although its growth is highly illegal and there are very severe punishments for those caught.

Peter G. C. Pitt, F.R.C.S., M.R.C.P., is a Senior Surgical Registrar at Guy's Hospital

NURSING SECTION

Nursing Staff Shortages

The opinions expressed in this article are of a general nature only. They refer to no particular hospital. The author would be most appreciative if readers view them in this light.

The state of the nursing profession in this country is generally accepted to be in a critical state. Not a week passes without the National Press informing us with banner headlines, of the closure of beds in yet another hospital due to staff shortages.

One's view of the purpose of hospitals depends on one's station in life. For instance, as a research worker, it is no doubt that it is there to help further knowledge. To the teacher its prime function is to provide education. To the clinical worker or the general public, however, it is for the patient that the service is mainly designed.

Many hospitals in this country are engaged in training nurses, and many of them cannot obtain sufficient numbers. However, even in the ones where intakes of students are satisfactory, periods of crisis occur.

It seems that nurses' training plans cannot be evolved without certain periods of the year being inadequately covered. At these times wards are inadequately staffed. This, of course, creates a vicious circle. The nurses have to work harder and under greater stress. The numbers reporting sick then grows, thus aggravating the original situation. Unfortunately these periods seem to occur at the same time in all hospitals. In order to lessen the stress, some authorities close beds. Others do not, and thus their already overstressed nurses have to contend with even greater pressures.

To the average nurse, her greatest worry is that she will fail her patients by giving an inadequate service. In order to prevent this occurring, trained staff have frequently to work very long hours in order to ensure that efficient care is given. The most proficient ward sister, however, is unable to care for a ward full of patients with practically no assistance.

Is it not time that both professional and lay people in this country began to seriously seek a solution to these staff shortages? It is after all the public who are directly affected. Nurses unfortunately are similar to priests in that most people do not give them a thought until they are in dire straits. The service is in danger of grinding to a halt unless action is taken. Everyone has a limit to which they can go. For many nurses this has very nearly been reached.

THE HUME KENDALL TRUST

The untimely death of Patrick Hume Kendall at the age of 41 was a sharp reminder of the tragedy which can befall a young professional man before he has had an opportunity of securing the financial future of his wife and children. Pat left three sons in the relatively early stages of their education, and it was to assist them and the families of Guy's doctors and dentists—past and present—who may be in similar need in the future through the permanent incapacity or premature death of the principal salary/fee-earner that this Trust was established as a permanent memorial to Patrick Hume Kendall.

The Trust operates under two Trust Deeds which established an Education Fund out of which assistance can be given towards the education of children (including preparation for a professional or business career) which enjoys full charitable status and a General Fund, out of which other forms of assistance can be given to the families of Guy's doctors and dentists.

The Trustees meet annually and at such other times as may be necessary. The Annual Meeting of the Trustees was held on Monday, 13th July, 1970, and readers may be interested in the following brief account of that meeting:—

Attendance

There was a full attendance of Trustees as follows:—

Dean of the Schools (ex-officio)—Dr. J. C. Houston.
Dean of Dental Studies (ex-officio)—Professor R. D. Emslie.
Superintendent of the Hospital (ex-officio)—Dr. P. J. Helliwell.
Chairman of School Council (ex-officio).
Chairman of the Hospital Medical Committee (ex-officio) } Dr. K. S. MacLean.
Nominee of School Council—Dr. T. J. H. Clark.
Nominee of the Hospital Medical Committee—Dr. G. W. Scott.
Co-opted Trustees—Mr. A. E. Orchard-Lisle (Vice-Chairman of the Board of Governors of the Hospital).
Mr. G. M. Croll (Family friend and Patrick Hume Kendall's Executor).

The Hon. Secretary, Mr. E. Warburton, was in attendance.

Appointment of Chairman

Mr. A. E. Orchard-Lisle was re-appointed Chairman of the Trustees for the three years ending 31st March, 1973.

Accounts

The audited accounts for the year ended 5th April, 1970, were submitted and approved, from which it was noted that income (gross) from covenants amounted to £1,265, and investment income to £97. Grants to beneficiaries at £1,181 were approximately equivalent to the income from covenants and investments.

Bereaved relatives in many instances prefer that friends pay their respects by sending donations to a charity rather than by way of floral tributes, and a number of such donations were received by the Trustees during the year—including approximately £200 in memory of Mr. S. H. Wass.

The balance on 5th April, 1970, on the fund amounted to £4,718.

Grants to Beneficiaries

The prime concern of the Trustees is the education of Pat Kendall's sons, towards which some help from other sources had been arranged by the Trust. Recent changes in the family circumstances have, however, enabled modification to be made in the arrangements for assistance from this Trust.

A small capital grant to help with a special commitment was made to the widow of a Guy's man who died several years ago.

The Trustees are currently considering what help may be necessary towards the education of the children of another Guy's doctor in general practice who died recently, leaving a widow and a young family.

The action which Pat Kendall's immediate colleagues at Guy's took in August, 1968, to establish such a permanent trust, as this is another step in uniting together "Guy's Men" and their families, and we are especially grateful to the late Dr. Charles Baker and Dr. Kenneth Maclean, who took the initiative of executing the original trust deeds. We would also like to thank all those who so generously donated either by deed of covenant or otherwise. Readers may like to know that the Honorary Secretary of the Trust is Mr. E. Warburton, F.C.A., Counting House, Guys Hospital, London, S.E.1, who will be pleased to answer any queries concerning the Trust, and to receive further donations, covenants or legacies.

CORRESPONDENCE

Guy's Dinner at Harrogate

SIR,—At the British Medical Association Annual Meeting at Harrogate, a Guy's Dinner was held on Friday, 26th June, 1970.

The total of forty-one diners and their guests associated with Guy's was most rewarding, considering that Harrogate is 200 miles north of the Borough. Two couples came from Barnsley, one from Blackburn, one from Blackpool, and at least one from Manchester. The meeting next year will be in Leicester, and we hope that readers of the "Gazette" who live within reach, will look for further details in April, 1971.

Yours sincerely,

Ian Field.
Sydney Scott.

B.M.B. House,
Tavistock Square,
Station Road, Epping.

Tennis at Guy's

SIR,—The article written by the sports commentator in the last "Gazette" (18th July) posed a number of questions which ought to be answered.

(1) The tennis fixture list has been hanging on the Tennis Club notice board all the term, until it was recently removed, together with the doubles and singles tournament draws, by some "thoughtful" person. (The tennis notice board is "hidden away" on the lower ground floor by the billiards room in the East Wing.)

(2) The teams are selected by the secretary, who was himself elected at the A.G.M. Only five people came to this year's annual general meeting—following sufficient warning. This poses a question from me to the sports commentator—where are all these keen players? I should be delighted to hear from them. I had great difficulty in trying to raise teams this year.

(3) The condition of the courts. The courts, it is true, lack grass in places—but so did the courts at Wimbledon this year. It is probably the result of too much dry weather and not enough watering, and also to the fact that weed-killer was applied at the start of the season—to remove the abundance of ranunculus. We have all confidence in our new groundsman, and we hope to see much improvement next year.

I should be delighted to hear from any players who would like to play next year, but not only for matches that suit their convenience (as has been happening this year). It is true that I have been rather apathetic, but there is also the general summer apathy and the call to exams. which plagues sports in the summer term.

Yours faithfully,
J. Arne Colman,
Men's Tennis Secretary.

East Wing,
Guy's Hospital.

SPORT

SPORTS COMMENT

DOES GUY'S NEED A RUGBY SUPPORTERS' CLUB?

Our Rugby Club can, with a little exaggeration, be acclaimed as one of the most famous assets of the Hospital. Its members also provide a major area of contact between medics and the public at large. Through the Club, many outside people have got to know and like the Hospital.

Amongst the many sporting activities at Guy's rugby provides for a greater number than any other club. It is also the only club to compete at a truly national level, as its fixture list includes many of the finest English clubs. There is also the distinction that it is one of the world's oldest rugby clubs.

These points are merely mentioned to underline the poverty of support the club receives. It provides, as can be seen, much for the benefit and credit of the Hospital, but receives little in return. All that is asked for is more support for its home and away matches. At present there are pitifully few regular spectators who ever turn out for Saturday home games. Such people are lost in the stand built to seat several hundred spectators. Without a great increase in the numbers of spectators, Guy's has little chance of remaining a first-class club. Clubs such as Coventry, who send up teams containing international players, will not tolerate for many more years playing before almost empty stands.

The cause for such poor support cannot be found with the First XV, as they have played most exciting and entertaining rugby the last few seasons, and will be better than ever this year. It cannot be found in the student body, as those who are interested in the game are usually playing most Saturdays. Some blame can be attached to this section of the "Gazette" as in the past few years the fixture list has not been regularly printed. This failure will be rectified in the future. However, it is indeed within the whole realm of publicity that the Rugby Club has most noticeably failed.

It is for this reason that the Rugby Club Committee has suggested that a Supporters' Club should be formed. This would send members a monthly pamphlet on club news and a fixture card. In exchange, the membership fee would be a nominal sum to pay for stationery and postage. The primary object would be to promote interest in Guy's Rugby Club amongst old Guy's men, the people living around H.O.P. and other sections of the Guy's community. Besides helping to increase the number of spectators, it would also provide a meeting point for medic and non-medic so that the Hospital as a whole would benefit by a greater sense of corporate spirit. There can be no doubt that Guy's rugby would also gain a great fillip as the sense of occasion provided by a stand full of supporters would heighten the team's game.

You are therefore invited to write to the "Gazette' with your views on such a scheme and with any suggestions you may have. It is on the response that the assessment will be made as to whether a Supporters' Club would be formed, so please write if you are interested.

COMMONWEALTH GAMES STAR!

A week last Tuesday, R. Sharpe, a technician working in the dental anatomy department, won a bronze medal in the badminton singles, at Edinburgh. We hope all will join us in congratulating him on a marvellous achievement.

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GOLF

Staff v. Students' Match

Huntercombe G.C. 4th July

The teams assembled at 9.00 a.m., and after the selection of pairings for the morning foursomes, the match was soon under way.

Professor Cohen and Dr. Houston had a close match against R. Ibbetson and C. Langdon. The match was level on the 18th tee, but on the home hole the students' eleven proved too much for their opponents (though too few numerically). N. Davies and S. O'Keefe were drawn against Dr. Maclean and Mr. Brain, a well-tried and formidable partnership. The latter were four up at the turn, and despite a spirited student fight-back, won by 2 and 1. P. Powell-Jackson and R. Mackay were overwhelmed 7 and 5 by Mr. Maynard and Dr. Lascelles, and I. Ross and P. Matthews could not match their opponents' putting, losing to Dr. Dow and Mr. Lewis by 3 and 2. In the final match of the morning the erratic play of A. Ross and J. Mackenzie was no match for Dr. Seward and Professor Trounce, who won by 4 and 3.

The teams retired for a most excellent lunch, with the Consultants holding a commanding 4—1 lead. Suitably refreshed (some more so than others), the students ventured forth with hopes of a more successful afternoon.

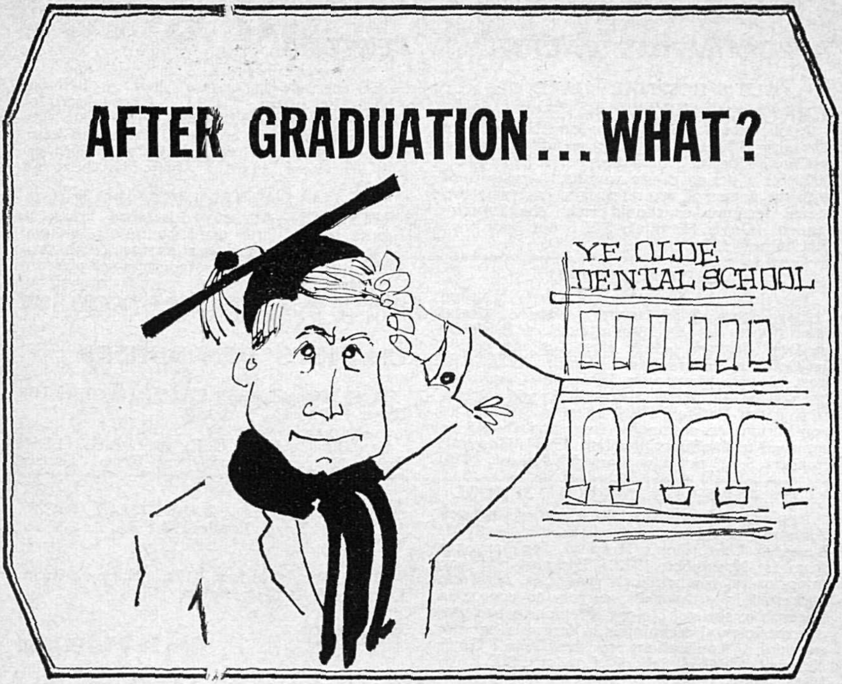
The first match saw Davies and Matthews victorious over Maynard and Lewis by a handsome 5 and 4. Dow and Lascelles beat Ross and Langdon by one hole, and Ibbetson and Powell-Jackson, having been two down with four to play, beat Brain and Cohen by the same margin. The combined talents of the Dean and Sub-Dean proved too much for Ross and O'Keefe, and in the final match Mackenzie and Mackey recovered somewhat from a daunting dormie five down, before losing to Maclean and Seward by 3 and 1.

The overall result amounted to a convincing win by seven matches to three for the Consultants, who thus avenged their defeat last year.

The stage was now set for the evening foursomes match between Dr. Maclean, partnered this year by Neil Davies, and Mr. Brain, partnered by R. Ibbetson. After a tea interval (Dr. Maclean's tea-time formula for success being one cup of tea, two pieces of plum cake, and two large gins), the gallery assembled to watch the two teams tee off. The match, played level over 13 holes, was of a high quality and closely contested until Maclean and Davies capitalised on a series of errors, to win four consecutive holes, and the match by 4 and 2.

The competitors and spectators retired to "The Swan" to celebrate. The Huntercombe fixture ranks alongside the Tunbridge one as the highlight of the student golf season, and we are very grateful to Dr. Maclean and his team for providing us with such a wonderful day's golf.

J.K.M.



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HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Casualty Officer** (Senior House Officer Grade) at Guy's Hospital, to commence 1st September, 1970 for a period of six months. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, S.E.1 not later than **7th August, 1970.**

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invites applications from registered dental practitioners for the appointment of **Registrar in Oral Surgery** (whole-time) for the period 1st October, 1970 to 30th September, 1971. The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental staff in the National Health Service. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **14th August, 1970.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for a post of **Research Assistant** (Registrar status) in the Arthritis Research Unit, Guy's Hospital, for one year from 1st November, 1970. The post offers an opportunity for medical graduates who are interested in orthopaedic surgery to engage in research in skeletal biology. Previous experience in experimental techniques is desirable but not essential. Applications to the Dean, Guy's Hospital Medical School, London, S.E.1, by **31st August, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of **Registrar in Ophthalmology** with attendance on six sessions a week and duties to commence as soon as possible until 30th September, 1971. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **12th August, 1970.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer in Orthopaedics** at New Cross Hospital of Guy's Hospital Board of Governors for the six months period commencing 1st September, 1970. Applications naming two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London, S.E.1 not later than **5th August, 1970.**

PERSONAL

FLAT for sale in private block in Belmont Hill, Lewisham, S.E.13. Convenient for stations. Two bedrooms, living-room with balcony, kitchen, combined toilet and bathroom. Storage heaters and other fittings. 94 year lease. £5,600. Apply Miss Bent 692 5443.

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CHANGES OF ADDRESS

J. K. Donald, Esq., L.D.S., 11, Grove Hill Drive, Falmouth, Cornwall.

Surg. Lt.-Cmdr. W. R. Esson, D.P.H., D.I.H. Royal Navy, 134, Pennyland Drive, Thurso, Caithness, Scotland.

David Foulds, Esq., B.D.S., L.D.S., R.C.S., 158, Friern Road, London, S.E.22.

Dr. John Gordon, 152, Harley Street, London, W.1. Tel: Welbeck 1858.

BIRTHS

HEALD—On 18th July at the Ochsner Foundation Hospital, New Orleans, Louisiana, U.S.A., to Bill and Denise, a daughter, Sara Eva.

MILLIS—To Rosalind (née Smith) and Andrew Millis on 12th January, 1970 a son (Steven Grosvenor).

WINSKILL—On 13th June, 1970 at Cuckfield Hospital to Maureen (née Hutton) and Andrew Winskill, a son, John David, a brother for Clare Louise.

DEATHS

SELBY—On 13th July, 1970, Harold John Selby, M.R.C.S., L.R.C.P. aged 72.

WALLIS—On 18th July, 1970, very suddenly at Townsville, Queensland, Australia, Samuel Ross Wallis, L.D.S., Surgeon Captain (D) Royal Navy (ret'd) aged 60.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS R. S. TROMPETER and S. M. KILPATRICK
SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2141

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Conservation

Medicine has long practised the art of conservation and is constantly striving to modify the methods by which it does so, so as to improve the chances of patient survival. It seems a little strange therefore that a public who on the whole are keen to preserve themselves, treat the environment in which they live with relative disregard. There has been uncontrolled and indiscriminate use of space and irrational exploitation of environmental resources over the past years to a degree that puts our health in jeopardy.

In 1661, John Evelyn wrote to Charles II describing the effects of coal smoke as "epidemicall: indangering as well the Health of Your Subjects, as it sullies the Glory of this Your Imperial Seat". Evelyn also suggested the Green Belt around London, but did not think it would receive attention from the College of Physicians, as it would deprive them of trade.

It was not until the Clean Air Act in 1956, that industry was enforced to use certain types of furnaces and fuels. This has done much to decrease air pollution. The effect of motor cars on air pollution is very apparent in Los Angeles, where they are responsible almost entirely for the infamous photochemical smog. Although our cars and climate could not produce such a smog, one has only to stand on the side of a major arterial road and breath deeply to appreciate the contraction of motor exhaust to pollution. There are ten million motor cars on the road today and could be twenty-eight millions by 2000 A.D. The by-products of this will be unbearable, as the people living near the new London over-pass have already found. Even so, the carboxyhaemoglobin concentrations of people standing close to heavy traffic is not as great as those in heavy smokers.

In addition the population is increasing. The present fifty-six millions population in the United Kingdom could be seventy millions by the end of the century if the present growth rate continues. This means establishing twelve new cities the size of Birmingham in the next thirty years. The situation that could develop threatens the quality of our life.

As man fills the rivers, seas and air with his rubbish, the Council of Europe in establishing European Conservation Year have created an awareness of some pertinent problems. It is essential they be tackled.

Dental Honours

We are sure that all Guy's men will be delighted to hear of the following Dental happenings :

At the recent meeting of the Board of the Faculty of Dental Surgery of the Royal College of Surgeons, Professor W. J. Tulley was elected Vice-Dean for the year 1970/71.

Mr. H. Colin Davis has been made an F.D.S. of the Royal College of Surgeons of England by election.

His remarkable achievements in the fields of dental health education, International goodwill, film productions which have always set new standards, Journal editorship—and the list could go on—are applauded by dentists all over the world.

We at Guy's should be very proud of the further credit that Colin Davis has brought to our establishment by this latest honour.

Consultant Appointment

Dr. R. G. Lascelles, M.D., M.R.C.P., D.P.M., has been appointed Consultant Neuro-physician to the Manchester Royal Infirmary and Crumpsall Hospital, Manchester.

Society of Apothecaries

At a soirèe held on 22nd July, Professor C. A. Clarke, F.R.S., received the Society's gold medal in therapeutics for 1970, " in recognition of his outstanding work on genetics".

Retirement

Mr. Len Clampett is retiring this month after nearly 49 years' service to Guy's. He started work in October, 1921, as Apprentice Bricklayer, becoming Foreman Bricklayer in 1945, which post he has held for the last 25 years. During the war he worked in many capacities, and as one of the original members of the Hospital Fire Party, he performed a long and dangerous task of great value. Although he was called up for National Service, his presence at Guy's was considered essential and the Hospital refused to release him.

We wish Mr. Clampett a long and happy retirement.

OBITUARY

Professor R. H. Gorrill

Professor Gorrill had been head of the Department of Microbiology at Guy's for only a few months when he died suddenly on 1st August at the age of 48.

Professor Gorrill (who was always known as Peter) was trained at King's College and Charing Cross Hospital, where he distinguished himself academically, winning prizes in Biochemistry, Physiology and Pharmacology. He qualified M.R.C.S., L.R.C.P. in 1943, and M.B., B.S.(London) in 1946, and obtained his M.D.(London) in 1948. He became a Founder Fellow of the College of Pathologists in 1963. He was a house surgeon at Charing Cross Hospital in 1943 and surgeon-lieutenant R.N.V.R. from 1943-1945. He then held appointments at St. Mary's Hospital and Medical School, first as ex-service registrar in the Morbid Anatomy Department, then as Registrar in the Wright-Fleming Institute, and later as Senior Registrar and Honorary Lecturer in Bacteriology, and finally as Senior Lecturer in Bacteriology. In 1955 he became Reader in Bacteriology at Guy's Hospital Medical School. In 1966 the title of Professor was conferred on him, and in 1969 when the established Chair of Bacteriology became vacant, he was appointed as head of the department now known as Microbiology.

He had clearly had just the right kind of career for this appointment, with his wide experience of clinical and academic bacteriology, of teaching, of research and of routine hospital work. During the period when he was on the staff at St. Mary's, he held an Anglo-French Exchange Bursary at the Pasteur Institute, Paris, under Dr. A. Lwoff, and at various times he visited American and Canadian Universities and Research Centres.

He was a member of The Pathological Society and of the Society of General Microbiology, a Fellow of the Royal Society of Medicine, of which he was secretary to the Comparative Medicine Section from 1957-1959, and to the Pathology Section from 1961-1965, and a member of the Society for Immunology and the Renal Association.

His teaching was clear and concise, with flashes of dry humour from time to time. He enjoyed most the informal tutorial or seminar in which there can be a two-way exchange of ideas rather than the formal lecture. In either form of teaching he drew on rich reserves of clinical and laboratory experience.

In his research work his main interest was in the relationship between host and parasite which determines the establishment of infection. In studying this experimentally he used localisation of bacteria in the kidney as a model, and tried to distinguish between the part played by the virulence of the micro-organism and the part played by the physiological state of the kidney. In some cases virulence of the micro-organism can be assessed in biochemical terms—for example, the coagulase of staphylococci and perhaps the urease of Gram-negative coliform bacteria. On the other hand, obstruction of the ureter may allow a normally avirulent organism to produce extensive renal damage. In this field he published numerous papers singly, and in collaboration with others, and he was well recognised as an authority locally and internationally. He also published papers on immunology and allergy, on spinning disease in mice, on antigenic variation in **Vibrio cholerae** and on bacteriophage lysogeny in staphylocci and **Salmonella typhimurium.**

Behind a facade of slightly ironical humour there lay a real devotion to his subject and a power of penetrating but constructive criticism. He could disagree with a colleague's views and could say so firmly and unambiguously, even devastatingly, but without taking or giving offence. He was especially good throughout his career at giving younger colleagues help, advice and encouragement, and there is no doubt that if he had been given the chance, he would have continued to develop this ability as head of the department. He was a quietly efficient organiser with a capacity for getting things done without fuss or delay. He will be sadly missed at Guy's by medicine and microbiology.

HEALTH SCREENING WITH COMPUTER AID

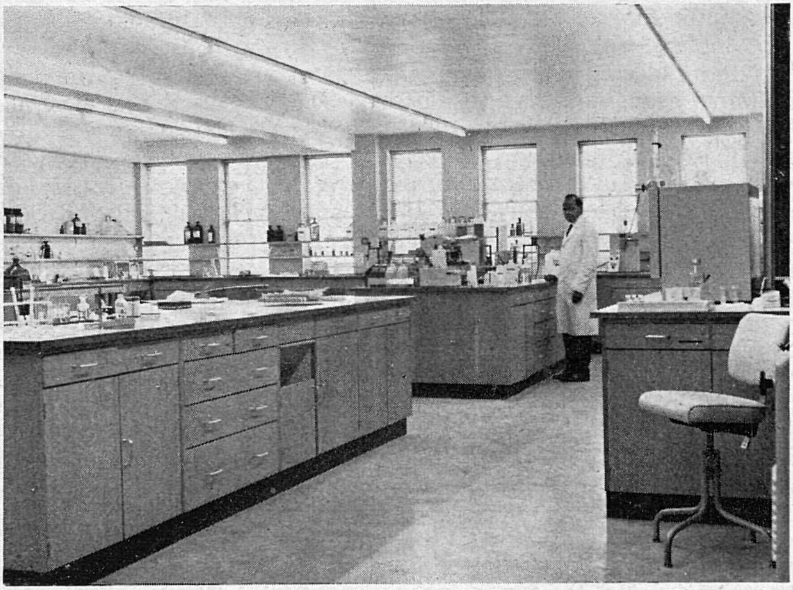
by

H. Windsley

At a time when the mind wanders off to a place of rest and relief from the daily responsibility of one's duties, minutes and maybe hours are taken up on thoughts of personal health. It is the sense of exhaustion that brings on heart aches, instability, diarrhoea, and depressions. Yet, one is reluctant to seek advice at a G.P's. doorstep. Personal pride and often embarrassment of one's colleagues at personal consultations makes the medical practitioner rather take a holiday as a journey of hope in curing one's ailments than seek medical help. It is here that the diagnostic screening centre has an ace in their hands. It is worth remembering there is no clear line *separating the prevention and treatment of many diseases.* A call at such a centre prior to taking one's holiday can become a visa for a longer life. This then brought me to the magnetic eyed open door of the Cavendish Bio-Medical Centre.

The Cavendish Bio-Medical Centre is situated at the junction of Great Titchfield Street and New Cavendish Street, within the compass of the Harley Street area and provides an up-to-date medical screening in town. One is welcomed by a courteous staff who take your hat and coat and after relaxing in a contemporary arm-chair, the nurse hands you a glucose drink. The first drink you have had for four hours. How sweet of you to come! A few details given to a punch card questionnaire and you are taken to a cubicle where you remove all the clothes except for the pants. A paper gown is provided as a hygienic measure. Your valuables are locked up in a provided receptacle and for you to have the key in safe keeping when passing through the different examining chambers. Walking on a heavily carpeted floor the first couch to rest oneself is reserved for taking readings by the Electrocardiogram. A six-channelled unit makes the stay brief. After a blood pressure reading taken by the staff one is moved to the Anthropometry room. The report obtained here includes the patient's height, weight and their measurements of skin fold thickness—triceps, subscapular and a "piece of your hip" as a friendly parting gesture by a smiling nurse. A chest X-ray is mandatory at standard size (12in. by 14in.) together with a dental X-ray of the upper and lower jaw in one reel. A complete ophthalmological examination takes place by a trained nurse and includes colour vision, visual Fields and ocular Tension. Audiometry and respiratory functions are tested in one station, the name given to the examining room at the Centre. The average of three readings of the McDermott Spirometer are taken. The forced expiratory ratio (FEV%) is calculated as

$\frac{FEV_1}{FVC}$ where (FEV_1) is forced expiratory volume in one second and FVC standing for forced vital capacity, normal reading taken as over 75 per cent. Before taking blood for the biochemistry of my body I had sufficient rest and time to sit in a pleasant, spacious lounge and complete four further punch card questionnaires. It is here, that I had the pleasure of meeting the Medical Consultant to the Centre; who, with the rest of the staff not only provides the best of human courtesy but makes you feel "we really care for you"! The Centre is under the Chairmanship of Ian MacQueen, a Guy's trained man and a Fellow of the Royal College of Surgeons who, with his associates, makes an effort to provide the best in medical screening. All the results are posted to your own family doctor who is in a position to assess the scientific data with the clinical findings and the knowledge of the patient's family history. Screening for disease implies a continuum for the rectification of risk factors and prevention of serious disease by offering timely treatment and rehabilitation rather than demise. Automated medical services and diagnostic systems that require semi-skilled personnel for the acquisition of test data are the most promising means of providing the services required. The Kaiser-Permanente programme developed by Morris Collen was the prototype for the Brookdale Multiphasic Health Screening Centre. (1).



Laboratory at the Centre

Table 1.

COMPONENTS OF MULTIPHASIC HEALTH SCREENING EXAMINATION

1. **Anthropometry**

2. **Audiometry**

3. **Cardiovascular measurements**
   - Blood pressure
   - ECG
   - VCG

4. **Chest X-ray**

5. **Clinical laboratory procedures**
   - Blood chemistry
   - Bilirubin
   - Calcium
   - Cholesterol
   - Electrolytes
     - CO_2
     - Chloride
     - Potassium
     - Sodium
   - Enzymes
     - LDH
     - Phosphatase, alkaline
     - Transaminase (SGO)
   - Phosphorus, inorganic
   - Protein
     - Total
     - Albumin
   - Protein-bound iodine
   - Urea nitrogen
   - Uric acid
   - Blood group
   - Glucose tolerance
   - Hematology
     - Hematocrit
     - Hemoglobin
     - RBC
       - Count
       - MCV
       - MCH
       - MCHC
     - WBC
       - Count
       - Differential
   - Sickling (Negro)
   - Syphilis serology
   - Urine tests
     - *p*H
     - Specific gravity
     - Glucose
     - Protein
     - Blood
     - Ketones
     - Microscopic examination of sediment
     - Culture

6. **Dental survey**
   - Clinical examination
   - Exfoliative cytology
   - Survey X-ray

7. **History questionnaire**
   - Past medical history
   - Interval medical history
   - Smoking questionnaire
   - Social data

8. **Ophthalmology**
   - Intraocular pressure (tonometry)
   - Retinal photography
   - Visual acuity

9. **Spirometry**
   - Forced vital capacity
   - Forced expiratory volume—1.0 sec.
   - Maximum voluntary ventilation

10. **Uterine cervical cytology**

A preliminary analysis of the screening of 206 physicians showed :

Abnormalities	
E.C.G.	41.7%
Chest X-ray	33.1%
Retinal photo	2.6%
Clinical laboratory	
No abnormal values	17%
1 abnormal value	33%
3 abnormal values	12%
4 or more abnormal values	8.7%
Serum Sugar	
Indeterminate range	41.0%
Diabetic range	12.7%

(1)

The Cavendish Bio-Medical Centre is carrying out similar investigations in an ethical way in this country as it is carried out on the other side of the Atlantic. All personnel carrying out routine tests are qualified nurses and radiographers; some had special training such as "Eyes". A computer at the centre is able to store all the information obtained and, in due course, this information will become invaluable for epidemiological research. Multiple screening programmes in adults would be appropriate for such conditions as pulmonary tuberculosis, visual defects, diabetes, cancer of skins, mouths, breasts, cervix, rectum and lung; hypertensive diseases, ischaemic heart diseases, anaemias and possibly syphilis. (2).

Summary

A visit to a London screening unit serviced by a computer and its uses in the early diagnosis of diseases, in the light of experiences in America, is described.

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(1) L. Gitman, 1969, Vol. 45, 12, p 1269. *Bull N.Y. Ac. of Med.*

(2) Editorial, 1968, Vol. 98, p 54 *Canad. Med. Ass. J.*

HORACE

by

G. L. DAVIES

When Horace is quoted in public by a distinguished Professor of Surgery as part of a funeral oration on the death of a colleague, and also by an eminent Judge of the High Court on his recent retirement, it would seem to be desirable that those reporting these occasions should at least verify their references. Misprints are one thing. Sheer bad Latin, or non-Latin, is another; added to which may be a faulty translation into English. Such quotations are generally used to "point a moral, or adorn a tale", and, if they are incorrectly quoted, the whole point of the quotation is lost.

The misfortune which has been suffered by Horace has been to be called by the conventional name which has now been his for long enough. How much more dignified to refer to him by his proper name of "Horatius Flaccus". It is true that the name "Horace" had once a certain popularity as a Christian name in this country, but, for some reason, probably only among the lower échelons of the social scale. At one time, and that not in the very remote past, for one character on the music hall stage to address another as "Horace" was productive of as much titillation in the audience as to address him as "Archibald" or "John Willy". Who knows anyone today called "Horace"? One remembers "Horatio Nelson" of course, and some of us remember "Horatio Bottomley", one-time editor of a popular journal, who descended from flights of oratory and pathos about the sufferings of soldiers in the 1914-18 war to petty chicanery, and was clapped into gaol for his trouble. As a youth, walking along the Strand each morning in those pre-1914 days, on my way to what one of my friends used to call a "swotting institution", or "crammer", for Civil Service examinations, I well remember seeing one of his placards: "Is the Nude Rude?" This was it, I thought: not so much "The great Wen", as Cobbett called London, but "The Great Den" of vice, darkly hinted at in the schoolboy society which I had recently left.

But, Horatio Bottomley, thou shouldest have been alive at this hour! Restoration Comedy itself, surely, could not have provided more stimuli for sexual crime than exist today.

The time when Horace was quoted in the Commons is long past. Today he would merely provoke faintly ribald laughter amongst members brought up at the University on a mental diet of P.E.P. One does not need to have been a classical scholar to have preserved a fondness for Greek and Latin. Amongst many other things there come to mind the "urbanitas" and "gravitas" of that great orator Cicero, murdered by the henchmen of Antony. "I think if I could have known Cicero", says Mrs. Blimber, the headmaster's wife in

Dombey and Son, "been his friend and talked with him in his retirement at Tusculum (beautiful Tusculum!) I could have died contented". Somehow, one feels that Mrs. Blimber was confusing Cicero with Horace, the sort of mental confusion which often lends humour to some of Dickens' characters.

Some ten years ago a lively correspondence took place in the columns of the *Sunday Times* on the subject of Horace's Ode to Pyrrha, "the Golden Girl" of the age. She has been immortalised by Horace in "sixteen lines of flawless verse", and here is the first stanza of the original, as he who runs may read:

> " Quis multa gracilis te puer in rosa
> perfusus liquidis urget odoribus,
> grato, Pyrrha, sub antro?
> Cui flavam religas comam,
> Simplex munditiis?

Up to that issue of the *Sunday Times*, no less than 450 translations of this particular ode had been made in Hebrew, Turkish, Russian and Welsh among others, not to mention those by Milton and Gladstone. The best appears to have been that of the late L. S. Amery:

> " Who's that new boy, my sweetie,
> That's visiting your flat,
> Paying for all the roses
> And for that simple hat,
> So neat and so expensive."

The late D. B. Wyndham Lewis produced a "hilarious" American version:

> " Baby, what guy is necking you right now", etc.

However, chacun á son goût! or "de gustibus", as Horace might have said.

Horace's amorous verse is more restrained than that of Catullus, Propertius or Juvenal, but no more perhaps than idle gossip relates to his sexual life. Half-hearted comparisons to the orgies of the emperor Tiberius on Capri have been made; but, somehow, one feels that Horace resembles that timid anonymous poet who was content to say: "I did but see her passing by", and lived on the memory of it. Of himself he says somewhere that he was short of stature, early grey, fond of the sunshine, quick-tempered but easily appeased. His father was a freedman of Greek origin, i.e. previously a slave, freed because of good service to his master, and a tax collector by profession. He had his son educated at good schools in Rome and Athens, to which latter place he accompanied his son during his scholastic career. When he was about 30, Horace became involved in the Civil War between the republicans headed by Cassius and Brutus (the murderer of Julius Caesar) and Augustus the successor of Julius. He was pardoned by the latter after the defeat of the Republicans, and ultimately became one of Augustus's great friends, and also of that powerful minister of Augustus—Maecanas. During this time also he became a great friend of the epic-poet Vergil. Maecenas presented him with the Sabine farm which is always associated with his name, and to which he eventually retired to pursue his life as a poet. He died at the age of 57 in 8 B.C., a bachelor.

As distinct from other artists, whether they be painters or sculptors, who do not seem to have expressed any particular views about their own merits, writers, on the other hand, appear to have been gifted with some prescience in the matter. "Non omnis moriar", "I shall not altogether die", says Horace somewhere, and, in one of his letters, Keats, fated to die so young, yet confidently asserts, "I shall live", whilst readers of Shakespeare will be well aware of passages where he makes no secret of his belief in his own immortality. These three at least have been proved right, and "Age shall not wither, nor custom stale", what they have left to posterity.

'NEEDLESS MISERY'

by

Elizabeth R. Tanner, M.C.S.P.

In Section 24 of Christopher's Textbook of Surgery (8th Edition), Parsons dwells at some length on the misery caused by urinary incontinence in women.

"The inability to control the evacuation of urine can be a most distressing symptom regardless of the degree to which it exists. If it is slight, the patient is never sure when evacuation will happen, and uncertainty is enough to make her miserable. If it is moderate, but not enough to wear a protective pad, the patient is miserable because her underclothing is soiled and wet a large part of the time. When it becomes severe and constant, requiring numerous pads or rubber pants, the patient undergoes a personality change and tends to become asocial".

Conversation with over a hundred and fifty women who had been sent for re-education of the pelvic floor muscles, elicited some interesting points connected with the condition of "unreliable plumbing".

(1) The acute embarrassment of the woman with social commitments who suffers from frequency and urgency. A mother described her dread of attending an open day at her son's school where there might be no indication as to where a lavatory could be found.

(2) The virtual impossibility of enjoying fully a coach-trip, a theatre party, or even a TV evening at a friend's house, when sudden laughter or coughing might have disastrous results. It is well-known

to women that while "The Gents" is usually near the bar in any place of entertainment, "The Ladies" tends to be "up the stairs, right along the passage, second door on the right, and mind the litle step down as you go in".

(3) The taboo which still persists on discussing the shortcomings of one's personal plumbing. This may well be due to scoldings in childhood when puddles occurred in the wrong place, leaving an apprehension that any doctor consulted would look upon poor control as a social solecism rather than a physical weakness.

(4) There is a common belief that some degree of urinary incontinence is essentially a concomitant of later life. The following extract from a letter is hardly likely to be an isolated experience.

"Recently I have been doing district nursing in a rural area where a number of active women in their early sixties have to wear pads or cloths continually during the day. These women have been informed by their G.P. that this is 'One of the trials of getting older', and that they must learn to put up with it. In one patient a repair was done fifteen years ago, effecting no improvement. No follow-up checks were made".

(5) The largest number of women sent for re-education of the pelvic floor muscles in the study referred to here was in the 40-64 age group. In this group, and also the younger group (15-39 years), results have been very encouraging. Patients over 65 showed less improvement; it is harder to re-educate any muscle group at this age, especially as the poor function has often been present for many years.

In a recent "follow-up" we found that a woman who came for re-education at the age of fifty, with a ten-years' history of stress incontinence, and who regained full control within a few weeks, is still "watertight" two-and-a-half years later, although in that interval she has had pneumonia, a persistent cough, and, recently, an excision of rectum.

There is considerable divergence of opinion as to the exact rôle of the muscles of the pelvic floor in micturition, but it is generally accepted that in certain types of urinary incontinence muscular function is at fault. It seems a pity that women should suffer so much needless misery owing to the, now outdated, idea that "Nothing can be done; you must learn to live with it".

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Tanner, E. R. "Pelvic Muscle Dysfunction in Urinary Incontinence". 1969. Physiotherapy. **55**. 9.

Vincent, S. A. "Mechanics of Bladder Control". 1959. Ulster Med. I. **28**. 176.

NURSING SECTION

The Nurses' Ball

The Ball given by the Governors for the Nurses, was held this year on 17th July at the Grosvenor House Hotel.

At the reception which was held between 7.45 p.m. and 9 p.m., the guests were received by Dr. Fairley and Mrs. Charles Brooks. This was followed by supper, which was earlier this year than previously. The purpose of this was to allow a longer period of time for dancing afterwards.

The music for dancing was provided by two excellent bands. In fact, the tempo added to the heat of the evening were such, that the hotel's stocks of orange juice must have been vastly depleted by the following morning.

The event was indeed most pleasant and enjoyable; and all those who were fortunate enough to obtain one of the limited number of tickets, would wish to thank the Governors most sincerely for providing this occasion.

NOTICES

Guy's Hospital Biennial Dinner

FRIDAY, 2nd OCTOBER, 1970

To be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2, on Friday, 2nd October, 1970, at 7.0 p.m. for 7.30 p.m. The Chairman will be G. F. Gibbard, Esq., C.B.E., M.S., F.R.C.S., F.R.C.O.G. The Biennial Dinner affords the most popular opportunity for old Guy's men and women—medicals and dentals—to meet together and renew the friendships of their student days.

The Hon. Secretary will be grateful if Guy's men and women who intend to be present will apply for tickets (£3. 3s. 0d., made payable to Guy's Hospital Biennial Dinner) as soon as possible to the Hon. Secretary, Biennial Dinner, Guy's Hospital, S.E.1. (Telephone: 01-407 7600. Ext. 341, 342.)

In the afternoon of Friday, 2nd October, Professor Sir Hedley Atkins will "Chair" a programme on the work of the Guy's Hospital Breast Clinic, 1936-1970, at 2.30 p.m. in the Physiology Theatre in the Medical School.

It is very much hoped that this meeting will appeal to all Guy's men, whatever their interest, and that as many as possible will attend.

Noel Glover, Hon. Secretary.

Guy's Hospital Physiotherapy Autumn Ball

On Friday, 25th September, 1970. Dinner Dance at the Royal Lancaster. Double Ticket, 5 gns. Apply: Miss Lyons or Miss Wakefield, School of Physiotherapy, Guy's Hospital.

Guy's Hospital '68 Club

This year's Dinner will be held at "Ye Olde Cock Tavern" in Fleet Street, London, E.C.4, on Saturday, 12th September, 7.30 for 8.00 p.m.

Will any members who have not received an invitation and who would like to attend, please contact me at the address below.

Yours faithfully,
Mike Appleby.

103, Moorside North,
Newcastle-on-Tyne, 4.

CORRESPONDENCE

Students and General Practice

SIR,—I was delighted to read of your interest in peripheral hospitals and General Practice experience. I have been in General Practice five years and remember my seven days as part of a G.P.s family as the most rewarding part of my clinical period. I am amazed to hear that it is still an elective excursion, as in an age of increasing specialisation, the G.P. is the only doctor who can give the medical student a proper feeling of medical perspective. Perhaps the Consultants at Teaching Hospitals who have never seen General Practice at its best, have too narrow a concept of Medical Education to change the traditional course time ratios. Perhaps the accountants fear a slight increase in costs due to travel expense claims. In my view, no student of medicine today can afford to miss an opportunity of seeing good General Practice, and it is up to you to demand the time and the expenses to do so.

With regard to the G.P.'s willingness to teach, I can assure you that there are hundreds of G.P.'s who would be very willing to teach. In the Reading area alone there are 169 or 74 per cent who would like to teach students, and the local faculty of the Royal College of G.P.'s has drawn up a list of those who are best equipped to do so.

Two years ago, my senior partner extended an open invitation to the students, at the end of his talk on Group Practices, and so far no one has bothered to take it up.

The ball is really in your court!

Yours sincerely,
Michael Crowe.

Tiffany,
7, Rectory Close,
Wokingham.

SIR,—My wife and I were surprised to read in your editorial received today, of "the absence from the curriculum of an excursion into the realms of general practice", as we have been pleased to entertain, by arrangement with the Dean, for the last six years or so, medical students from Guy's for a week at a time. I had assumed that this was a fairly widespread practice, although from what I have read in the "Gazette" from time to time, not universally approved.

In fact, like many G.P.'s who "Elect to Teach", I have been to courses for teachers in General Practice, run by the College of General Practice, where you will find many enthusiastic doctors with a great deal to offer the student, but all of whom emphasise how much they themselves learn from this contact.

The Royal College of General Practice is at the moment appointing Clinical Tutors in touch with the teaching opportunities in general practice throughout the country, so any student who wants to learn more, first hand, of our unique way of life, should have no difficulty.

Yours faithfully,
J. M. Grieve.

Ashenhurst,
Todmorden,
The West Riding of Yorkshire.

SIR,—I was most interested to read your comments in the recent issue of "The Gazette" concerning medical students spending some time in General Practice.

For some time now our Faculty has run a scheme by which students can spend one day, several days, or a week or more with General Practitioners in East London.

As a Guy's man, I would be only too happy to put any students in touch with a suitable practice that would meet their requirements. I feel most strongly that no matter what branch of medicine a student will finally give his life to, he should have some idea of the trials and tribulations and interest of General Practice.

I do hope that some of Guy's students will take up this offer.

Yours sincerely,
Bernard Taylor, M.B., B.S., Hon. Sec. Educ. Committee.

The Royal College of General Practitioners,
East London Faculty,
646, Mile End Road,
Bow, E.3.

BOOK REVIEWS

IMMUNOLOGY FOR STUDENTS OF MEDICINE.

J. H. Humphrey & R. G. White. Blackwell Scientific Publications, Oxford and Edinburgh, 757 pp. 60s.

From the day when it was first published this book has been an outstanding success. A second edition appeared within a year, and here is a third edition, much enlarged with new material on the immunology of cancer, on disorders of globulin production, and on many other topics.

There are any number of books which are written by immunologists for immunologists. The advantage of this book is that it can be read by all. It is well written, well illustrated, and at 60s. a very good buy. The length of the text has almost doubled since the first edition and it is, alas, no longer an evening's light reading. There are still some delightful sections, however, like the introduction which deals with the history of immunisation and the rise of immunological theory. For the rest, it is a pleasure to recommend a book which students of all ages can either read or use as an accurate reference text.

M.H.L.

LIVING ANATOMY,

by Professor R. D. Lockhart. 91 pp. Price 15s. Published by Faber paper covered Editions.

The author points out that there is a Chinese proverb which says that "A little picture is worth a million words". There are 215 illustrations in 91 pages of text. Undoubtedly this book illustrates as attractively and clearly as possible the surface anatomy of muscles and other features of the living body. It makes important points about growth and age changes and sex differences. At some stage of their preclinical studies, students should look through this book. They will find interesting and instructive pictures of structures which they have seen only in dead bodies and they will get a much better idea of how these structures function in the living.

The book is most strongly recommended to physiotherapists who are of course, particularly interested in muscles, although the book does not tell the reader very much about movements at joints. Perhaps in fairness to the author one should add that on the cover it says "A photographic atlas of muscles in action and surface contours."

One may disagree with the explanation offered for the contraction of the rectus abdominis muscles on trying to lift the lower limbs from a couch on which one is lying on one's back and smile at the use of the word "sore", meaning "painful", but this is a good book and well deserves its sixth edition.

J.J.

SPORT

A GREAT CHANGE AT H.O.P.

For many years now our rugby pitches at H.O.P. were amongst the worst in London. Each year, from January onwards, both pitches were almost totally unplayable. Both first and second pitches would be under water for many games, and at others would be seething pools of mud, from which noxious fumes would be emitted. Indeed, it was a standing joke, that opposition players were often lost in the mud during the games. However, all this may well be in the past.

Over the years, the ground has been steadily deteriorating, mainly due to the inability to re-grow grass on the pitches during the summer. This has led to a gradual replacement by weeds, which during the winter cannot stand much pressure, and leave the fields cut up. To this was added the flooding in 1968, at the beginning of the season, from which the pitches never quite recovered. They remained waterlogged for most of that season. The final strokes to the pitches came at the end of each season, when the preliminary rounds of the Hospital Cup were played on already damaged fields. These matches, always played midweek, when the ground should be recovering, and always after the frost, finally carved the turf up into a quagmire.

The old groundsman retired last year due to illness, and his place was taken by Stan Weller. He is a most energetic and knowledgeable groundsman. Last season he toiled against these atrocious pitches and was able to get them fit for playing most matches. However, the steady decline has continued.

It was decided to call in some agricultural experts to assess the fields. They duly reported that the soil was turning sour. As a result of technique of rolling the grass after it had been cut, the upper layers had become compacted. This had reduced drainage, leaving a layer of surface water. In this, various bacteria had flourished and had acidified the soil. Each year matters got worse, as the soil became more acid, the less grass would grow, and the more rolling was needed.

This vicious circle has now been broken. A "spiker" was bought, and the pitches have been well irrigated by it. This should have broken up the compacted layer, so as to improve drainage. Also many tons of fertiliser have now been spread over the surface to reduce the acidity.

It is with thanks to the efforts of Stan Weller and the generous sum donated by the club's union, that our rugby pitches will perhaps be saved. With all this effort on our behalf, why not get down to H.O.P. this coming rugby season, and either support, or play rugby.

CRICKET Match v. London New Zealand

H.O.P. 19th July. Result: Lost by 6 wickets.

With only six 1st XI players, Guy's elected to bat on a damp pitch. Bowden, promoted to opener, gave us a great start by staying at the crease for over an hour for 17, while Gillham scored quickly at the other end. Goodhart made a steady 35, and when he was out, the score was 124 for 2. The side then dissolved to 152 all out (a noteworthy contribution of 11 agricultural runs from Haynes). Gillham made 72—a very good innings, including even his rarely employed shot—the off-drive!

When we took the field, Haynes astonished the openers by bowling very quickly off a one-pace run-up! (He stopped no-balling once he had rolled his sleeve up!).

The fielding was, at times amusing, especially Jones, who concentrated on hitting his own side rather than the stumps—he nearly ruined the skipper for life with one of his devastating returns!

The opposition scored the runs for four wickets (all taken by the 2nd XI). Bowden again showed what a brilliant one-handed 'keeper he is and how much more difficult it is to catch the ball with both hands!

Next match he will be taking the field wearing a glove on his right hand, and with his left arm in a sling!

Team: Gillham, Bowden, Goodhart (captain), Langdon, Burns, O'Keefe, Rigg, Arnold, Jones, Haynes, Ryan.

Chris Langdon

HOSPITAL INFORMATION

GUY'S HOSPITAL AND SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to fill two established vacancies as **Senior Registrar in Anaesthetics** to the Board of Governors of Guy's Hospital and the South East Metropolitan Regional Hospital Board, one to commence on 1st October, 1970 for a period of four years, the first two years to be spent at Guy's Hospital and the second two years in the Region. The second post will commence on 15th January, 1971 with duties in the Region until 30th September, 1972 followed by two years to be spent at Guy's Hospital until 30th September, 1974. The posts in the Region will be held in the Brighton and Lewes Group. The posts which will be reviewed at the end of the first year are subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales). Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, S.E.1. not later than **26th August, 1970.**

GUY'S HOSPITAL

Applications are invited for the appointment of **Medical Registrar** to the Guy's Group of Hospitals, with duties at New Cross Hospital, for the period 1st October, 1970 to 30th September, 1971. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1, not later than **26th August, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of **Registrar in Thoracic Surgery** for the period 1st October 1970 to 30th June, 1971. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1, not later than **26th August, 1970.**

GUY'S HOSPITAL

Applications are invited for the appointment of **Registrar in the Department of Diagnostic Radiology** with duties from 1st October, 1970 for a period of one year in the first instance. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1, not later than **22nd August, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of **Locum Registrar in Obstetrics and Gynaecology** at Guy's Hospital for the period 27th September, to 18th October, 1970 inclusive. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, S.E.1 not later than **22nd August, 1970.**

HOUSE APPOINTMENTS

GUY'S HOSPITAL
HOUSE APPOINTMENTS
1st September, 1970

House Physicians

Dr. Mann, Dr. Scott and Dr. Clark	Miss Y. F. S. Glen *3 months* Mr. J. R. De Carteret *6 months*
Dr. Hardwick, Professor Trounce, Dr. Cameron and Dr. Ogg.	Mr. G. C. Voss *3 months* Mr. N. R. Fieldman *6 months*
Dr. Houston, Dr. Knight, Dr. Deuchar and Dr. Grimble	Mr. I. J. Morgan *3 months* Mr. S. M. Kilpatrick *6 months*
Dr. Kauntze, Dr. Joiner and Dr. Burry	Mr. M. H. Faulkner *3 months* Mr. D. F. M. Thomas *6 months*
Professor Butterfield, Dr. Lessof and Dr. Grahame	Mr. H. J. H. Williams *3 months* Mr. E. J. Will *6 months*

House Surgeons

Professor Sir Hedley Atkins	Mr. A. G. Samuel-Gibbon 3 *months*
Mr. Blackburn	Mr. R. J. G. Rycroft 6 *months*
Mr. Lawrie	Mr. A. H. Chalmers 3 *months*
Mr Glover	Mr. G. B. Hey 6 *months*
Mr. Beard	Mr. M. J. Forbes 6 *months*
Mr. Maynard	Mr. M. M. Henry 3 *months*
Mr. Ellis	Mr. N. C. B. Howell 6 *months*
Mr. O'Flynn	Mr. M. F. Shiu 3 *months*

House Surgeon to the Breast and Plastic Surgery Units
Mr. J. H. Pitt-Payne
3 *months*

Gynaecological House Surgeon
Mr. R. M. Weatherstone
6 *months*

Throat and Ear House Surgeons
Miss S. F. O. Dowling
3 *months*
Mr. P. H. Reinhold
6 *months*

Orthopaedic House Surgeons
Mr. D. A. Curson
3 *months*
Mr. W. J. Morris
6 *months*

Genito-Urinary House Surgeons
Mr. P. J. Davenport
3 *months*
Mr. J. C. Crisp
6 *months*

Children's House Physicians
Mr. N. P. C. Cavanagh
3 *months*
Mr. D. S. Briggs
6 *months*

House Physician to the Radiotherapy and Endocrine Departments
Mrs. A. Soul
6 *months*

Casualty Officers
Mr. A. V. Hirsh
6 *months*
Mr. J. Maleki
6 *months*

Mr. P. A. Townsend
6 months
Mr. M. J. H. Hillier
6 months
Mr. M. F. M. Bamford
6 months
Mr. D. Kelleher
3 months
Mr. G. W. Stygall
3 months

Resident Obstetricians
Mr. J. Grabinar
3 months
Miss C. E. Ross
6 months

Neurological House Physician
Mr. J. F. Dufton
6 months

Dermatological House Physician

6 months

House Physician in Child Psychiatry
Miss N. P. F. Mills
6 months

House Surgeons to the Thoracic Unit
Mr. P. R. E. Baird (S.H.O.)
6 months
Mr. N. J. Lattimer
3 months

House Physicians in the Department of Psychological Medicine

Miss R. Seifert	1. 9.70—31.3.71
Mr. M. A. Simpson	1.10.70—31.3.71

Resident Anaesthetists
Miss A. Moore
3 months
Mr. R. L. Shanson
3 months
Mr. R. S. Parsons
6 months
Miss A. M. Skelton
6 months

Senior House Officers to Nuffield House
Mr. R. E. Cowan
3 months
Mr. J. A. Vale
6 months

Children's House Physicians at Evelina Hospital

Mrs. G. M. Baird	1. 4.70—30. 9.70
Mr. D. C. Siggers	1. 6.70—30.11.70
Miss R. P. Doody	1. 8.70—31. 1.71
Mr. M. J. Drake	1.10.70—31. 3.71

Casualty Officers at Evelina Hospital

Mrs. K. Kelshiker	1.8.70—31.1.71

Mrs. S. Aggarwal
6 months

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House Physicians:
Mr. K. R. Stewart
3 months
Mr. M. Horrocks
6 months
House Surgeon:
Mr. R. E. J. Lee
6 months
Senior House Surgeon:
Mr. G. P. Gay
6 months
Gynaecological House Surgeon:
Mr. M. R. Shihata
6 months
S.H.O. in Psychiatry:
Miss M. H. Greenwood
6 months

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House Physicians in General Medicine and Geriatrics:
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3 months
Mr. N. B. M. Pereira
6 months

Orthopaedic House Surgeons:
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3 months
Mr. J. M. Wyllie (S.H.O.)
3 months
Senior House Officer to Rehabilitation Unit:
Mr. A. Bhoomker
6 months

BECKENHAM HOSPITAL

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6 months
House Surgeon:
Readvertised
6 months

LEWISHAM HOSPITAL

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3 months
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Mr. M. E. Denyer
3 months
House Physician to Dr. Roberts:
Mr. M. J. Fortune
3 months
House Surgeon to Mr. Ivo-Smith:
Mr. M. D. Boll
3 months
House Surgeon to Mr. France, Mr. Bingold and Mr. Monty:
Mr. M. Taylor-Pearce
6 months
House Physician to Dr. Llewellyn-Smith:
Appointment made by Lewisham Hospital
House Surgeon to Mr. Le Brun:
Mr. R. B. Hartley
6 months
House Surgeon to Mr. Cavendish:
Mr. J. M. Ruddock
6 months

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6 months

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Mr. W. J. Owen
3 months
Mr. G. McL. Cochrane (S.H.O.)
6 months
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Mr. M. A. Knight
3 months
House Surgeon to Mr. O'Flynn and Mr. Fyffe:
Mr. M. E. Worby
3 months
House Surgeon to Mr. Candy, Mr. Williams and Mr. Park:
Mr. N. I. McNeil
6 months

ORPINGTON HOSPITAL

House Surgeon with Physical Medicine:
Mr. R. D. G. Carmichael
3 months
House Surgeon with E.N.T.:
Mr. J. H. Hawkins
3 months
House Surgeon with Orthopaedics:
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Superintendent.

5th August, 1970.

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C. C. Baker
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D. Bellamy
S. E. T. Bowden
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G. T. Cheney
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Angela W. Godsmark
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G. Peters
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C. G. Rowland
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M. E. Taylor-Pearce

Part I—Pharmacology

N. R. Fieldman

Part II—Physic

M. F. M. Bamford
J. R. de Carteret
N. R. Feldman
M. J. Forbes
N. C. B. Howell
S. M. Kilpatrick
N. I. McNeil
W. J. Morris
J. M. Ruddock
R. J. G. Rycroft
M. E. Taylor-Pearce
D. F. M. Thomas
R. M. Weatherstone

Part II—Surgery

M. F. M. Bamford
J. R. de Carteret
N. R. Fieldman
M. J. Forbes
N. C. B. Howell
S. M. Kilpatrick
N. I. McNeil
W. J. Morris
J. M. Ruddock
R. J. G. Rycroft
D. F. M. Thomas
R. M. Weatherstone

Part II—Obstetrics and Gynaecology

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*J. R. de Carteret
*N. R. Fieldman
*M. J. Forbes
*N. C. B. Howell
*S. M. Kilpatrick
*M. I. McNeil
*W. J. Morris
*J. M. Ruddock
*R. J. G. Rycroft
*D. F. M. Thomas
*R. M. Weatherstone

*Have now completed the Examination

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Medicine, Surgery and Midwifery

A. G. Samuel-Gibbon

General Pathology and Bacteriology

M. H. Davies

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Y. C. C. H. T. Chung
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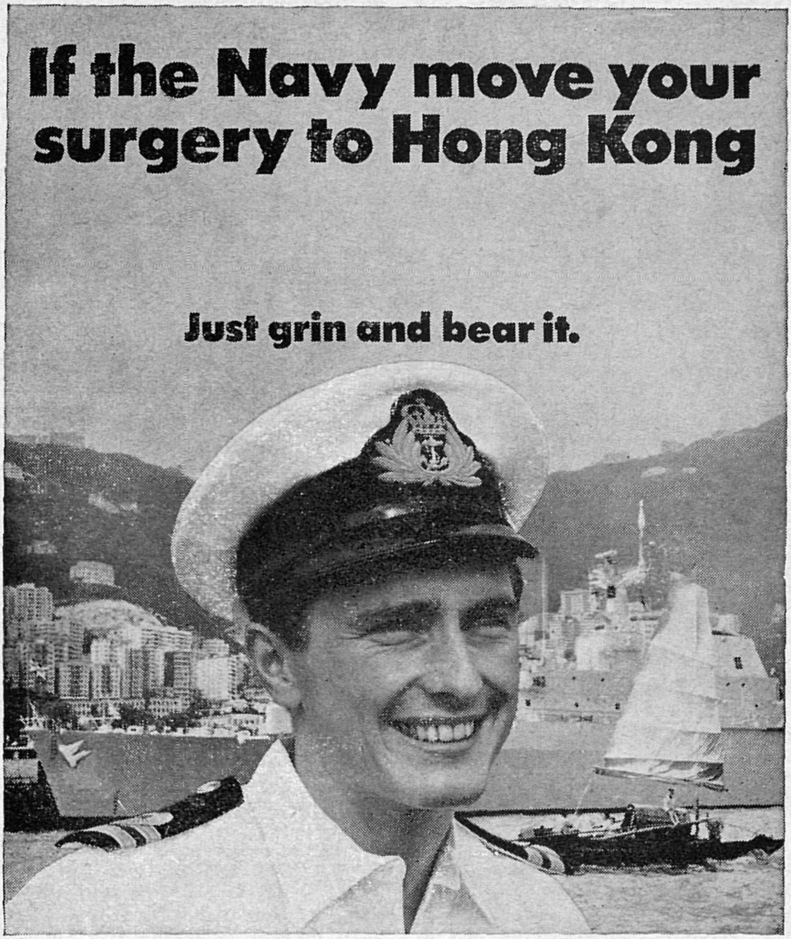
J. A. Gregory
S. G. Read
K. K. Rosenvinge
P. Rydning
N. J. Weingarten
J. B. Williamson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Final Examination, July, 1970

Miss R. E. Adams
Miss J. L. Cook
Mrs. J. C. French (née Lewis)
Miss F. M. Oswald

The following Nurses have passed the Final State Examination held in June 1970:—

- Abbott, C. (née Fryatt)
- Alexander, P. J.
- Ansbro, N. M.
- Barratt, P. A.
- Barret, J.
- Barry, T. M.
- Bennett, S.
- Bowling, E. M.
- Buckley, S. A.
- Bull, L.
- Cone, J. M.
- Cook, J. R.
- Corbett, M. R. M.
- Davies, S. E.
- Dennehy, J. N. E.
- Derrington, H. E.
- Dunne, A. H. M.
- Easterbrook, M. E.
- Firman, P. J.
- Fish, A. M.
- Freedman, P. A. L.
- Geraghty, M. P.
- Hambrook-Moore, J.
- Hoare, P. A.
- Hudson, R. S.
- Joslin, T. M.
- Kelting, J. B.
- Kendall, L.
- Leith, G. E.
- Malia, S. (née Hicks)
- MacGreggor, C
- Miles, J. E.
- Morgan, J. E.
- Parker, S.
- Peacock, V.
- Peskett, A. H.
- Posthuma, C. M.
- Rees, Y. M. (née Ellis)
- Richards, G. M.
- Rushforth, L. M. (née Sexton)
- Simmons, P. M.
- Smith, H. K.
- Stapleton, A.
- Steward, C. A.
- Stroud, J. H.
- Taylor, J. A.
- Temple, P. F.
- Tidman, L.
- Ward, M. S.
- Weedon, F. A. J.
- Wickens, L.
- Wilson, A.
- Yates, V. A. (née Ladbrook)

PAPERS BY GUY'S MEN

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Woodcock, J. P. and Connolly, C. C. The effect of non-cavitating ultrasound on the hydrolysis of sucrose solutions. *Acustica*, 1969, **21**, 45.

CHANGES OF ADDRESS

R. A. Morsman, B.D.S., "Beech House". London Road, Binfield, Berks. Tel: Bracknell 21802.

Dr. R. Innes Muir, "The Willows" Woodrising Road, Norwich, NOR 23X. Surgery at The Surgery, Hingham. Norwich.

BIRTH

LEWIN—On 13th July, 1970, to Elspeth (née Page) and Dr. Richard Lewin, a son, Jeremy Richard, a brother for Jonathan.

ENGAGEMENT

BOWDEN—BLOCKLEY—The engagement is announced between Michael (Chips), eldest son of Mr. and Mrs. J. H. Bowden of Bromley, Kent, and Judith eldest daughter of Mr. and Mrs. C. H. Blockley of Wadhurst, Sussex.

MARRIAGE

HALL—BAKER—Rosemary Ann Baker (qualified 1967) to Stephen John Hall of Lavender Cottage, Crooked Lane, Seaford. President address: "Brendon" 17, Roedean Crescent, Brighton, 7.

DEATH

WILSON—On the 29th July, 1970, at home, Moray House, Yelverton, Devon, Edric Wilson, F.R.C.S., beloved husband of Dorothy (née Smith).

The "Gazette" Office would be grateful to receive copies of the "Gazette" dated 30th September, 1967.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

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GUY'S HOSPITAL GAZETTE

EDITORS S. M. KILPATRICK and N. D. S. BAX
SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2142

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Breathing Space

At this time of year the days of stifling summer heat have passed and there is as yet only the occasional wet day as a portent of the weeks of rain typical of October and November.

In these days of late summer Guy's becomes almost deserted. Pre-Clinical students disappear from the scene: their existence is brought to mind only by the piles of uncollected letters accumulating in the East Wing. Not only can one buy lunch in the "Spit" without having to queue from breafast time but there is even room to sit down and eat the fare provided.

Some Clinical Students are "officially" on holiday: others by chance have arranged Special Appointments abroad in the Sun. Of the few remaining at Guy's, most are wearing the white coats indicative of their temporary status as locums. No one has his after lunch siesta disturbed by the knowledge that he should be attending a Clinical Lecture, because these have ceased to occur.

Even on the keener firms the pace is slightly less arduous. The Consultant may be away but even if he is not, his favourite teaching patients are taking a holiday, from Guy's at least. The "chests" and the "hearts" are enjoying a temporary respite before the cold and damp brings them back into the wards for the winter.

In effect Guy's is relaxing and becoming refreshed in preparation for the trials and the opportunities of a new winter.

Hasten Slowly

Speed has been one of man's obsessions for many centuries. Then the ability to go faster than an enemy proved one's superiority over him and enable one to escape perhaps even death. Today one could hardly say that driving in adjacent lanes of a motorway was sufficient to make two drivers enemies, but this sometimes occurs and through speed these two drivers certainly shorten the odds of their survival. Thus a strange reversal has occurred.

Everybody selling merchandise has been quick to realise that speed is a very useful advertising slogan. Something that offers the chance of enabling one to do something faster will have a good patronage. There may soon come a time when people have tasted nothing other than quickly frozen, quickly prepared and quickly eaten foodstuffs. High speed gas brings us promises of chimneys sucking back smoke, and perfume manufacturers assure customers that the quickest way to ensnare the nowadays suspecting male, is to buy their particular aroma.

Speed is of increasing importance in almost every sphere of life. There is more information to be listened to and assessed and consequently the speed at which one performs various functions has to increase. Machines help to perform certain tasks, and sometimes are programmed to reflect their own worth. Thus we have emerging a situation in which human control could be decreasing. The Speed God in the guise of progress is increasingly more apparent.

Our choice is being taken away from us too. What if someone wants a lower speed gas for economy's sake? Why should the average motor car driver be mercilessly hounded by the overhead under something or other twin cam shafted fiend behind, flashing his lights and demanding more speed or drop out. Bills now arrive emblazoned with the customer's coding. This numerical extravaganza is, we are assured "for speedier clearance". But on many industries own admission enormous errors are now being made because of computer failure. Perhaps they could not keep up.

Momentum is increasing and if we do not comply with our futuristic designers we are considered an unfortunate mutation. We must ensure that we are not inflicting on ourselves a fate similar to the oozalum bird. Unless we do, like the tape recordings in fiction stories that auto destruct in five seconds, we will auto destruct in but a few years and that will be for real.

Success in Astronomy

Dr. R. L. Waterfield, Consulting Haematologist Emeritus to Guy's Hospital, has recently been awarded a gold medal by the Astronomical Society of the Pacific in recognition of his outstanding work on Comets. We would like to congratulate him on this honour.

Changes at the 'Gazette'

Dr. Richard Trompeter has resigned from the "Gazette", having been Editor for nine months and Assistant Editor for the preceding six months. He has worked hard on behalf of the "Gazette", and has been responsible for its smooth running this year. We would like to thank him for his efforts, and wish his every success in the future.

We welcome Nigel Bax as Assistant Editor. He is already known to many at Guy's for his prowess on the River, but is now relinquishing his oars and will henceforth be paddling in ink instead of water.

BIOLOGICAL WEAPONS

Report of the second lecture held by the *Guy's Society for Social Responsibility in Science.*

This lecture given by Dr. John Humphrey could not have been delivered at a more appropriate time than now when public opinion is greatly concerned about the dumping in the sea of leaking canisters of nerve gas.

Biological warfare is the intentional use of living organisms or their toxic products to cause death or temporary disability in man, animals and plants; the final target is man, either by causing his death or sickness, or through the limitation of his food supplies.

In a conflict the main military advantage of biological weapons is that they have an enormous potential effectiveness in terms of unit-weight; for example, an infection can be induced in man by as little as 25 "Q" fever organisms when inhaled as aerosol. Other advantages reside in the facts that highly virulent bacteria and viruses can be produced at low cost and can reach "enemies" where concentrated or protected from more conventional weapons without destroying property or fixed installations. A final advantage claimed is that their detection is difficult before infection takes place and specific therapeutic measures can be used.

The drawbacks are twofold; the first reflects the difficulty of disseminating microbes in a manner which enables them to reach the target in sufficient concentrations; the second relates to the problem of trying to predict the consequence of spreading bacteria and viruses over a wide area in an exposed population. Information of this kind cannot be obtained in advance from experimentation.

Dr. Humphrey's view is that biological weapons, at their present state of development, have no great military importance, and that attack with such weapons could not be more unpleasant than ones with napalm or saturation bombing with anti-personnel missiles such as have become everyday events in Vietnam. Probably it is in respect of these disadvantages that the U.S. and the U.S.S.R. have unilaterally decided to suspend their researches on biological weapons.

However, it still seems to be of paramount importance for biologists to continue to make a public stand against the use of microbes for military ends. The ultimate goal is persuasion of all countries to renounce completely the use of biological weapons. The powerful sense of internationalism which has been growing up among scientists and technologists in recent years may help in reaching a general agreement among all nations to forego the use of biological and chemical weapons. It may also help in denouncing impending infringements of such agreement.

Dr. Humphrey's talk was followed by two discussions, one soon after his lecture, and another a week later. During these discussions it was pointed out that although microbes seem to have lost their role as strategic weapons, they can still be used, to a limited extent, especially against civilians. The unilateral renunciation by the U.S. and U.S.S.R. governments is not a guarantee that this agreement will not be reversed during a conflict. It is therefore important to reach a general condemnation by all countries of the use of biological weapons.

Another important point raised during the discussion was the ethics of researching on the production of biological weapons. The Code of Ethics proposed by the World Medical Association says: "It is deemed unethical for doctors to weaken the physical and mental strength of a human being without therapeutic justification, and to employ scientific knowledge to imperil health or destroy life". The majority of participants in the discussion felt that scientists can have no justification for taking part in any work which has these ends in mind.

M.A. and J.M.B.

Discussion meetings continue on Thursdays at 5.30 (see notice board in Colonnade). A new series of talks will begin in October.

OBITUARY

Mr. E. F. Wilson, F.R.C.S.

Mr. E. F. Wilson, formerly Senior Consulting Surgeon to the Plymouth General Hospital, died on 29th July at the age of 71.

Edric Frank Wilson entered Guy's as a dental student, but after a short while changed over to a career in medicine. During the First World War he served as a Surgeon Probationer in the Royal Navy. Returning to Guy's, he qualified in 1920. He was appointed house surgeon to Mr. C. H. Fagge, and there is no doubt that his interest in surgery stemmed from this period, and particularly from Mr. Fagge, whose meticulous technique proved such an inspiration to him. He also held the posts of obstetric resident at Guy's and surgical registrar at the Royal National Orthopaedic Hospital. During this period he attended the fellowship class at Guy's and obtained the F.R.C.S. in 1924.

Edric Wilson entered general practice in Plymouth and shortly after was appointed Assistant Surgeon to the Royal Albert Hospital, Devonport, and later to the South Devon and East Cornwall Hospital, Greenbank. Following the amalgamation of these hospitals (now the Plymouth General Hospital), he became Senior Surgeon in 1952.

Surgery was his whole life and he rapidly gained the reputation as a skilful and gentle operator. He was a general surgeon in every sense of the word, but had a particular interest in thyroid and gastric surgery, and many grateful patients in the West Country can testify to the excellent results he obtained. He was also jointly responsible for inspiring and fathering the department of oral surgery in Plymouth.

Edric Wilson was direct and economical in his speech, and writing and his case notes and doctors' letters were a model of brevity and clarity. He served for many years on the Plymouth Hospitals' Management Committee—was President of the Plymouth Medical Society, and took a great interest in B.M.A. affairs. He was Honorary Secretary of the Plymouth Division from 1927–1931, and Chairman in 1963–1964.

He married Dorothy Smith in 1952. She had served Guy's for 20 years, and at the time of their marriage was theatre superintendent and a well-known Guy's personality.

His only recreation was gardening and he proved a most skilful grower of carnations and apples. His retirement was marred by ill-health, but his lovely house and garden on the edge of Dartmoor were a great consolation to him.

He is survived by his wife and three daughters from a previous marriage.

W.H.S.

THE PROPER WAY

by

Wendy Myers

Wendy Myers began nursing at Guy's after a varied career which included show-jumping, banking, and a seven year "world tour". By avoiding the usual methods of travelling round the world such as jet aeroplanes and expensive Hotels, she was able to see and experience situations denied to more affluent travellers.

Here she records her impressions of children and the customs and traditions surrounding them in different parts of the World.

I walked on to Diplock Ward one evening last May, and upon surveying the tousled heads, was struck by the thought that all adults, with few exceptions, must possess an inherent desire to see children raised to their best advantage . . . brought up in the proper way. My Oxford dictionary puts "proper" to mean suitable, appropriate, right, decent, decorous, thorough, and "one's own". And that, I decided, was the kernel of the matter. To bring up a child in one's own way is usually to oneself the proper way. However, "proper" for Bermondsey might not be "proper" for Kensington, and "proper" for Kensington might not be "proper" for . . . Peking, for example.

On a seven-year journey I made about the globe, (described in "Seven League Boots", published by Hodder & Stoughton, 35/-), I visited the Chinese capital and met a kindergarten group toddling purposefully along the street beside their teacher, chanting what was later translated to me as, "long live Uncle Mao! Down with Imperialism!" A tender age to become a political robot, I mused, but was already aware of the fact that children of other countries sometimes have childhood days brought to an abrupt end—with the onthrust of premature adult responsibilities.

"Pas devant les enfants" doesn't have a place in some communities. I realised this while watching a vigorous display of dancing by women of the Central African Republic, who were naked except for the odd bunch of leaves, over the heads of about fifty children. And again in Chad, when a corpulent African chieftain proposed marriage to me in front of his countless progeny and seventeen wives. Nights when not in use were to be spent on the verandah tacked on to the end of the conjugal row. The children were overwhelmed with disappointment when I declined.

Sometimes sophistication was part of their heritage. Staying for a time in a Saudi Arabian royal household, I was entertained with numerous displays of belly-dancing by the little princesses, one of whom attended school in Switzerland and had combined it with the "Twist"—which left little to the imagination and seemed strange in a house of purdah.

These children and others, such as the Hindu millionaire's son who at seven years old had three servants of his own, formed such a contrast to those in Southern India begging for food, or those in West Africa begging for school fees. Some never made it . . .

In Abomey, capital of the ancient kingdom of Dahomey, I watched as a young girl hauled two screaming little ones off for their evening cold water bucket-bath, in the compound of the African house where I was staying. Comfort, mother of the tots and my hostess, was sitting beside me, and I remarked to her that Flora, the older girl, looked rather young to be doomed to servitude. " She's my cousin", replied Comfort. Flora, I learned, worked full time in the house, and at nine years old had never been to school. "She's too old to attend school now", Comfort continued, "but I'm going to send her to Cotonou to learn sewing in two years' time so she'll have a trade". When I asked my hostess why Flora had never started school, she just shrugged and smiled. The little girl could neither read or write and wore nothing while I was there except a pair of torn knickers. Child swapping, I gathered, was common in African and Arabian societies, for cheap labour. . .

Children have a knack of making the most of their lot. When little boys ran out of bait on the Amazon River, they spat into the water and attracted fish with that. They also swam, bathed, washed their hair, urinated into, cleaned their teeth with, and drank the coffee coloured water and appeared healthy on it, their cuts never turning septic as often as those of the nearby missionaries' children, whose water went through a series of cleansing and sterilising processes before reaching them.

Traditions can mean so much, I thought, when the oldest member of a Tunisian family with whom I was staying implored me to dress and cure the circumcision wound of her three-year-old grandson. The circumcision ceremony had been a huge family function looked forward to for weeks, the boy dressed in gleaming white for the moslem priest to perform the operation. For days afterwards the child bled and screamed when he used his potty . . . So much . . . In a stuffy black camel-hair tent in the Sahara, little girls sat for many fly-bitten hours for their mothers to grease their hair, making it into intricate plaits, and henna their small palms. To make them look as all pretty Bedouin girls should.

Generally, children are surrounded by love, a love which takes many forms. . . . It's there, in the balls of glutinous rice pushed tenderly into the toddler's mouth in Laos, or in the gentle assistance given to his Chinese counterpart as he handles his first pair of child-size chopsticks, or in the cuddle given to the five-year-old by his North Argentinian mother, as she shares with him the breast milk of her newest baby to augment his meat-filled diet. I have perceived it in the eyes of lepers smothering their healthy little ones with kisses, and in the expression of proud Ceylonese as they slapped powder on to their babies' cheeks before outings . . . to make them look fairer.

Looks . . . travelling along the river Ucayali in Peru on the way to Pucallpa, my boat stopped to trade at the port of Contamana.

There on the sandy streets, suckling their babies as they walked, were a group of Indian women with flattened heads. These women were Chamas, I was told, and so that the females of their tribe would have what they considered to be an attractive flat-headed appearance, they bound stones on to the baby girls' foreheads each night. Males were spared of such beauty treatment.

Dirty nappies are not universal, I discovered, for the simple reason that in kinder climes they usually aren't worn. Of course, one thinks twice before sitting beneath a string baby hammock in Brazil . . . For many African toddlers, bead aprons or bunches of leaves are in vogue, both labour-saving and cool. Hence, when I entered a wintry Outer Mongolia and saw its tots padded and swaddled up to the eyeballs, I began to feel sorry for the mums, until I noticed a discreet slit in the seats of all trousers concerned. When the toddler squatted in the snow to do the necessary, the slit opened automatically, closing again as he stood up.

Thus I learned about rearing children, and finally I'll return to Comfort in Dahomey, to describe my lesson on how to give baby a bath. Robert, Comfort's baby, was one month old, and as she collected his toilet equipment together one day, she insisted that I should sit down and watch . . .

A metal bowl of water was produced which Robert never went into, Comfort holding him above it across her legs. First of all she denuded him, then taking a can of water with a hole in it, she let a stream of water go into his private parts, both front and back, "to clean them thoroughly". Next she held a water-soaked cloth firmly against his navel, "to make it go in more". It was protruding, as many African navels do. Comfort then wetted him back and front, and suddenly diving for a soap-laden "sponge" made of coconut fibres, she scrubbed Robert's head, face and whole body with it, he seeming too taken by surprise to cry about the soap which got into his eyes and ears. After rinsing him with her can, Comfort quickly twisted each of his arms back into what looked like an agonising "half-nelson". Robert gurgled happily, however, and my friend explained why she'd done it: "so that he'll remember to scrub his back properly when he's older!" Next, she folded his arms across his chest, "to facilitate it later on". Comfort then engulfed Robert's trunk with her hand and smoothed it down, pinching it in at where his waist would be, "so that he'll have a nice figure!" She then gave him some citron and water to drink from the palm of her hand, and the bath was over.

After drying Robert briskly, Comfort rubbed Menthol ointment into his hands and feet, "to keep the cold out", and powdered all over his face and body. Then she cleaned his eyes, ears and nose, dressed him, and splashed him liberally with Eau de Cologne, after which she handed Robert to me and began to tidy up. As I cuddled the warm, sweet-smelling bundle, a familiar wetness began to ooze from Robert's nappy through to my skirt. Comfort looked across at us and smiled. "I'm glad you were here today, Wendy", she said, "now you can return to England and bath a baby in the proper way!"

NURSING SECTION

The Good Old Days

A document has recently come to light which lays down the regulations for student nurses in the early years of this century. This makes very amusing reading nowadays. Space unfortunately will not permit printing of the whole, so extracts will have to suffice. It is dedicated to all those who consistently resist changes on principle. Maybe it will provide these people with food for thought, and cause them to be thankful that someone at sometime fought for changes.

Off Duty Times for Day Nurses

Probationers—One hour and three hours on alternate week-days. Two half-days and one whole day in four weeks. *Sundays*—Two-and-a-half hours every week and an additional three hours every other week. *Head Nurses*—One hour and three hours on alternate week-days. Two half-days and one whole day in four weeks. *Sundays*—One Sunday to precede or follow the whole day. On the remaining three Sundays, two-and-a-half hours every week and an additional three hours on one of them.

No nurse or probationer may leave the hospital before 8 a.m. or return later than 10 p.m. without the Matron's permission and her signature on the Pass!

Dietary

Breakfast : Tea, Coffee or Cocoa; Bacon, Fish, Sausages, Brawn or Eggs; Bread and Butter.

Dinner : Meat, two vegetables; Puddings or tarts; Milk or Beer.

Afternoon Tea : Tea, Bread and Butter.

Supper : Cold Meat or Soup or Cheese; Bread and Butter; Milk or Beer.

Rules for Probationers

A Probationer shall obey the Matron, the Sister and the Head Nurses of the ward in which she is for the time being working.

(One feels that there is definitely food for thought here!).

In addition to her other daily duties, Probationers have twice a week or oftener, if directed by the Sister, to clean and wash the patients' heads and feet. On Mondays and Wednesdays they put out the linen for the laundry under the supervision of the Sister, and on one day of the week the inside of the lockers, and all rods and brackets must be washed and cleaned.

After reading this, one can only be left to wonder, what will be thought of today's Standing Orders in fifty years' time. Will nursing in this country have degenerated completely into an occupation comparable with the system now found on the other side of the Atlantic? No doubt in the computerised society of the future, the writer of a similar article will find as much retrospective amusement as she finds nowadays.

I would like to thank Miss B. Brysson White for affording me access to the original material.

CORRESPONDENCE

Rugby Supporters' Club

SIR,—I think that the foundation of the Rugby Supporters' Club is an excellent idea and I would certainly support it.

Yours faithfully,

H. J. B. Atkins.

Department of Surgery,
Medical School,
Guy's Hospital.

From one Bar to another

SIR,—I was delighted to hear of the idea of trying to create a Guy's Hospital Rugby Supporters' Club, and, on the basis of this, thought it about time I went to H.O.P. to do some weight-losing exercise. Having completed several laps of the field, my sparring partner, Chris Rowlands and myself, decided, on this hot and pleasantly inviting Tuesday evening to enter for a hot shower and a cool drink. Unfortunately, it turned out to be the reverse! A cold shower and a luke warm orange ale (provided by the groundsman!). The bar was shuttered and bolted! The key? On holiday!

Being bar secretary at Guy's, I thought it my duty to all other bar users, to deplore this state of affairs at H.O.P., and would have thought that now the training for the club has started, that ample facilities should be available for another employee to have access to the bar and serve drinks! I also noticed that in the changing room the historic display of boots, towels, shirts and other decaying accessories is very much apparent.

Surely the time has come for a good fire and a changing wind at H.O.P. before we can say with truth that we have a Club house of which we are really proud.

Yours sincerely,

D. S. Briggs, Bar Secretary.

Residents' Bar,
East Wing,
Guy's Hospital.

Silhouettes Cricket Club

SIR,—*This is the twenty-first season of the Guy's Hospital Silhouettes'* Cricket Club which we are celebrating with a dinner/dance on Friday, 16th October, at "The Miller." I have tried to contact past players personally about this, but would be grateful to use the "Gazette" to contact any I have missed. Those interested in attending the evening should write to me.

Yours sincerely,

K. M. Pagliero.

Guy's Hospital, London, S.E.1.

Misprints in the 'Gazette'

SIR,—When I read the report in the *Gazette* of the Memorial Service to my old friend, Sam Wass, I was most distressed to notice the misprint in my quotation from Horace. Unfortunately the misprint also represented a word—a word which for me robbed the report of the occasion of its solemnity and dignity. I did not at the time write to you, sir, to protest that the typescript as sent to you was correct because I hoped that attention would not be drawn to this mistake, and in any event nothing could be done about it. However, now that this incident has been specifically mentioned by one of your contributors, I think it proper to suggest that, if time allows, the *Gazette* should on important occasions such as this make the galley-proofs available to those concerned for perusal and, if necessary, correction.

Yours faithfully,

H. J. B. Atkins.

Department of Surgery,
Medical School,
Guy's Hospital,
London, S.E.1.

The Editors wish to apologise for overlooking both the misprint and the reference to it in the last issue of the "Gazette". It is our practice to return proofs for checking but occasionally this cannot be done because there is insufficient time before going to press. When this occurs we check the proofs ourselves: unfortunately in this case the error escaped our notice.

SPORT

SPORTS COMMENT

THE SEASON BEGINNETH?

As the long summer nights grow shorter, and the rain clouds shroud the sun, so too does the soccer season begin, to be followed shortly by the rugby and hockey seasons.

Down at H.O.P., as could be learnt from the last edition, everything is being made ready for the winter sports, which should play a large part in Guy's activities. The pitches are at last green after the summer drought, and are now being marked out. There is indeed only a few more weeks before the posts for the goals will be erected.

However, where are the keen young athletes, the sportsmen and women? Should they not be down practising, making themselves fit and ready for their teams?

A week last Wednesday there were only twelve players down training, a mere collection of eleven rugby players and one soccer player. This was within two weeks of the beginning of the season. Surely this is not good enough. It is true some players were on holiday, but there must have been quite a few loafing around the bar neglecting their duty.

Guy's has a long and proud sporting tradition; it is to be hoped it will not be shamed by a poor season this year. Much effort and dedication is called for the coming winter in order to maintain this valuable part of Guy's Hospital. So if any of the sportsmen read this article, why don't you go down to H.O.P. and start training. Rugby training is on Monday and Wednesday at 5.30 p.m. It seems that neither the Hockey or Soccer Clubs have started organised training. Isn't it time yet? There are only a few more weeks.

GUY'S IS CHANGING

It is really not within the province of the sporting section that a sociological change should be reported. However, as it partly represents a change of interest in sport, it can be placed in this section.

Over the last five years there has been a change in the interests of, to use a well-worn term, "the average" student. There seems, and this must be admitted to be a personal view, a move away from the sports fields and, indeed, any organised activity. Although the music and theatre clubs thrive, there are many more students today who are outside all such club activities. They seem content to leave the hospital activities alone and live their own lives spent on pleasure or work.

It is a shame that this occurs. Much of the blame, I feel, lies within the preclinical years. Here the students are expected to simply work. Recreational activities are hindered during the week due to Wednesday afternoon practicals. The student being exhorted to simply slave to improve himself intellectually. It is time surely for teaching to regain its balance. There is much to be said for the old adage, a "healthy body and healthy mind"; it is to be hoped, therefore, the tutors and lecturers will try to direct these students not only towards their medical studies, but also to wider and more diverse interest. For is it not their duty to educate, not just to instruct ?

WATER POLO

SUMMER TOUR

Weymouth, sunny home of the grease burger, was swinging again this August, with the Guy's water polo tour.

On Sunday, the 2nd, the famous Weymouth pier held a major counter attraction to Arthur Woffenden's wonder organ, a water polo tournament. Even the fishermen postponed their battle with the plankton to watch this attraction, which was squeezed in between the brass band performances. The games were blessed with brilliant sunshine. However, fortune failed to shine on Guy's, as their first game was against a strong Old Mid Whitgiftian's side which destroyed them by a score of 3—0. They went on to win the final.

Such a performance by Guy's was excellent compared with that of the previous day. There, with much in their favour, Guy's lost to Lymington 3—2. The water was warm, and Guy's supplied the referee. However, optimism was short-lived: not even their own referee could prevent defeat.

At Bridport the pitch was a river estuary. Here a huge crowd had gathered to see Guy's win. They were much amuzed by Guy's goalkeeper, who made no secret of his opinion on the referee's ideas of what a goal meant, and to whom it should be awarded. Estuary games have many failings, amongst which is the scum and debris which arrives uninvited when the tide goes out.

The mid-week games were in indoor swimming pools, which usually suit Guys. However, Southampton and Bournemouth turned out rather strong sides. Indeed, for the latter game, Guy's needed to import an international player to combat the one of the opponents. This was to no avail, as Bournemouth pulled away in the last minutes to win 8—4. Taunton also beat Guy's in a very even game.

The final game was against Weymouth. The sea temperature fell dramatically and a strong breeze came up. This was much to deter the most strong-hearted, of which Guy's were somewhat short-handed.

However, even with a record of won one, lost five, it turned out to be a magnificent tour well enjoyed by all the protagonists.

Team: Howard, Sands, Bowensing, Challacombe, Clarke, Northcott, Steele, Adkins, Skinner, Bevis.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the **Astley Cooper Studentship** tenable at Guy's Hospital Medical School. The Student, who is the Astley Cooper Assistant to the Curator of the Gordon Museum, will be elected for a period of three years, the salary being approximately £145 per annum. Application should be made on a form obtainable from the Dean, Guy's Hospital, Medical School, S.E.1.

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Registrar in Dermatology** for the period 15th October, 1970 to 30th September, 1971 in the first instance. Applicants should hold the membership of one of the Royal Colleges. *Forms of application are obtainable from* and should be returned to the Superintendent, Guy's Hospital, S.E.1 not later than **2nd September, 1970.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Resident Dermatological House Physician** (post-registration) for a period to commence as soon as possible until 28th February, 1971. Applications together with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London, S. E. 1 not later than **2nd September, 1970.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered dental practitioners for the appointment of **Lecturer (Full-Time) in the Oral Surgery Department** with duties commencing on 1st October, 1970, or as soon as possible thereafter. Salary within the range of £1,885 to £3,020 with superannuation. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, S.E.1, not later than **Wednesday, 16th September, 1970.**

Applications are invited for the post of **Locum Registrar in Clinical Pathology** (Haematology Section) commencing 1st. November, 1970 for *approximately three months. Forms of application* are available from and should be returned to the Superintendent, Guy's Hospital, S.E.1. not later than **11th September 1970.**

GUY'S HOSPITAL MEDICAL SCHOOL

Department of Community Medicine

Applications are invited from general trained nurses interested in research. Applicants should have a good general education and be interested in studies of medical and nursing care. Previous experience of survey methods though an advantage is not essential. Salary on scale £930—£1,182 with London Weighting and superannuation. Applications stating age, qualifications and experience to the Secretary, Guy's Hospital Medical School, London Bridge, S.E.1. Quoting Ref. C.M.1.

GUY'S HOSPITAL, S.E.1.

DEPARTMENT OF CLINICAL MICROSCOPY

Secretary required for responsible new post dealing with Surgical Pathology. Would suit S.R.N. *with secretarial training. Salary on scale* £877 to £1,104 including London weighting (Pay rise negotiated). Additional increments possible for proficiency in typing and shorthand. Applications to the Hospital Secretary.

PASS LIST

UNIVERSITY OF LONDON

2nd M.B.

C. J. Allen
N. J. Allen
A. E Brown
N. P. Byrom
S. J. Durnford
R. K. Green
A. J. Hall
F. P. Jackson
D. J. Jones
R. J. Knight
S. M. Milner
K. Muntarbhorn
M. A. L. Pringle
J. S. Strang
R J. Walsh
P. R. White
W. R. Yetton

2nd B.D.S.

D. J. Allison
S. M. Bateson
D. J. Beardsley
Jean A. Bellingham
C. F. R. Bernays
M. J. Breen
M. S. Broadbent
M. Brummell
G. A. Chasak
R. H. Clark
K. J. Cottingham
Jane O. Crang
P. A. Day
G. G. Dodsley
T. J. Druett
N. M. A. El-Jabari
R. A. Elliott
R. F. Faulkner
R. C. Fell
M. L. Fennell
E. G. Fox
Betty A. Honeyman
Margaret P. Hooley
M. J Howes
D. F Hoyos
A W. Klyve
J. P. Lacey
Valerie S. Leathers
Jennifer A. P. Leithead
R. N. B. Lewis
S. Likimani
R. G. McQuillan
V. P. Maini
N. P. C. Matthews
R. H. Miller
R. J. D. Milner
Y. Mohamed
F. J. Moorhouse
D. A. Oram
R. G. D. Pinckney
M. Pollock
M. L. V. Portelly
C. J. L. Price
J. R. Puzinowski
L. J. Read
P. N. Read
S. N. Rigby
Catherine M. Royce
Anne Schlotel
K. A. Sheppard
Susan E. A. M. Smart
Diana E. Spencer
J. M. S. Tan
D. R. Thompson
P. L. Titchin
Jennifer M. Turnpenny
J. Webb
Katherine V. Whiting
C. P. Willis
Sandra Wills
J. B. Zukowski

3rd B.D.S.

Pass

O. A. Adesina
K. R. Band
Patricia J. Benson
D. M. Blakesley
R. K. F. Clark
Ann P. Collins
W. H. Douglas
A. G. George
A. J. Gillham
P. J. C. Haynes
R. S. J. Jones
C. G. Neville
W. H. Stephens
D. St. J. Thomas
R. Tudor-Williams
P. C. Williams
N. R. Winter
P. R. Wright

Part I

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M. F. Ashley
Theresa R. Bannerman
D. E. Barker
O. M. Bjornaas
J. N. E. Buckley
Christine A. Casswell
J. A. Colman
H. J. Crapper
Penelope J. Davis
Diane Dennison
G. J. P. Dewe Mathews
M. McW. Drew
G. I. Eikrem
G. W. Emery
G. M. Hall
A. A. Holland
T. M. Hudson
D. G. Jones
R. W. Jones
R. W. Kane
Hazel K. Kirk
Sandra B. Lee
N. S. McLeod
G. B. Marcus
D. J. Merrett
Maire E. Morton
K. J. J. Moseley
R. K. Munday
G. R. Newman
S. B. Nilsen
J. C. A. Owen
A. Parker
N. A. M. Pearce
Diane Plamping
T. E. Reynolds
M. C. Roberts
R. G. Russell
T. P. Sands
M. L. Schaller
M. J. C. Shepherd
J. Standish
D. A. Stuart
Lynne A. C. Turner
S. Turner
Katherine M. Walter
T. J. Walter
Elizabeth C. Williams
N. A. K. Williams
S. A. Winifield

Part II

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J. C. Beckerson
D. R. Crafts
R. C. Croft
B. C. Ford
J. R. Goodhand
Jane R. Goodman
H. McD. Greeg
E. T. Harland
A. C. Kelly
T. Kirk
R. V. Leeburn
D. J. McConnell
Eleanor V. Morris
B. A. Parker
K. Pittel
R. P. Ross
D. B. Skinner
Ann V. Tapsell
A. P. P. Walker
J. A. Williams
Susan J. Wilson

Part III

Helena V. G. Abbey
P. N. Adams
D. B. Armstrong
Gillian M. Barker
S. C. Bazlinton
K. V. Bell
Sophie M. Bridge
Moira Brown
R. E. Burt
G. W. Butcher
D. I. M. Carmichael
F. D. K. Chan
Hazel L. Collier
Anne Combeer
I. R. Cooper
R. W. A. Court
J. S. Cowling
P. J. Cranfield
R. C. Croft
D. W. S. Davies
T. J. H. Dymond
A. G. Fallowfield
Anne Foster
F. J. Foster
M. J. Gleeson
D. N. Glover
J. R. Goodhand
T. R. L. Gould
Rosalind S. Grazin
H. McD. Gregg
M. D. Gross
N. W. T. Harradine
Julie A. Howlett
M. J. Hughes
A. C. Kelly
Diana M. Langley
J. P. C. McGlone
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PERSONAL

THE WORKS DEPT. wish to express their appreciation to Mr. and Mrs. Cormack and the catering staff for their efficient service at the party held for Mr. Clampett in the sandwich bar.

FOR SALE Dental practice in large city in Tasmania. Excellent opportunity for young energetic young man. Details from Mr. Goodliffe, Appointments Bureau.

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CHANGES OF ADDRESS

Mr. A. W. Banks, F.R.C.S., M.C.O.G., has changed his address to:—4 Arnside Avenue, Congleton, Cheshire.

Mr. R. C. Bret Day, F.D.S., M.R.C.S., 84, Harley Street, W.1. Tel: 01-486 2109.

Mr. and Mrs. R. C. L. Feneley, 51, Canynge Road, Clifton, Bristol, BS8 3LH.

Lt. Col. R. C. Francis, M.B., M.R.C.O.G., R.A.M.C., Consultant Obstetrician, Military Hospital, Catterick Camp, Yorks.

R. Rowlandson, M.B.B.Chir., F.R.C.S., Broad Oak, Milford, near Godalming, Surrey. Tel: Godalming (048-68) 6362.

Mrs. J. Tucker, S.R.N., S.C.M., 58, Baas Lane, Broxbourne, Herts.

Dr. Neil A. Watson, 6, Hallgate, Blackheath Park, London, S.E.3.

Mrs. J. Whittingham, (formerly Dr. J. Warner) Appt. 1006, The Westchester, 21 Lascelles Boulevard, Toronto 195, Ont., Canada.

BIRTH

FREELAND—On 29th July, 1970, at the Nuffield Maternity Home, Radcliffe Infirmary, Oxford, to Chris and Andrew Freeland, a son, (Jeremy Hugo Charles) a brother for Robert.

MARRIAGE

CLEMMEY—BRADBURY — The Marriage took place on 25th July at the Church of Our Lady and St. John, Goring-on-Thames, between Shelagh Bradbury and Robert Clemmey. Present Address:—The Littlemore Hospital, Oxford, OX4 4XN.

DEATH

HOPSON—On 29th July at Edgecombe Nursing Home, Newbury, Berks. Montague Fred, L.D.S., Surgeon Commander (D.) Royal Navy. (Retd.) Aged 79.

PAPERS BY GUY'S MEN

Bowyer, A. and McColl, J. A. study of 200 patients with pruritis ani. *Proceedings of the Royal Society of Medicine*, 1970 **63**, Supplement, p.96.

Gazet, J-C. and others. The prevalence of haemorrhoids: a preliminary survey. *Proceedings of the Royal Society of Medicine*, 1970, **63**, Supplement, p.78.

Husband, Janet, Mollinson, C. N. and another. Gastric emptying of starch meals in the newborn. *Lancet*, 1970 *ii*, 290.

Jackson, R. C. Exercise-induced renal failure and muscle damage. *Proceedings of the Royal Society of Medicine*, 1970, **63**, 566.

Lehner, T. and Lyne, Cynthia. Adrenal function during topical oral treatment with triamcinolone acetonide. *British Dental Journal*, 1970, **129**, 164.

Marin, G. A. Arthrodesis of the metatarsophalangeal joint of the big toe for hallux valgus and hallux rigidus, describing a new method. *International Surgery*, 1968, **50**, 175.

Rake, M. O. and others. Protein synthesis by the liver after transplantation. *Lancet*. 1970, *ii*, 341.

Ross, D. N. and Somerville, Jane. Surgical correction of Ebstein's anomaly. *Lancet*, 1970, *ii*, 280.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

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GUY'S HOSPITAL GAZETTE

EDITORS S. M. KILPATRICK and N. D. S. BAX
SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2143

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Student Responsibility

The patient starts off at a great disadvantage. Nobody, it seems, has the time they would like to spend with a patient. The general practitioner has surgeries that are nearly always over-subscribed, and hospital clinics rattle on at such a rate that the time a doctor spends with a patient is small. The patient becomes a little perplexed at being treated like a production line component.

Patients in the main are fearful animals, and one can often well see why. A man comes in for a simple operation. This is worrying enough for him, but he also wants to know if he is going to be shaved, what the recovery period will be like and how long it will last. There are probably many other questions he would like to ask, but is too embarrassed to do so—and, anyway, everybody seems to be in such a hurry that he thinks nobody could spare the time to answer him. Unexpectedly to him, he is shaved at the last minute because somebody else forgot to earlier, and later he is very sick after the anaesthetic—something nobody had told him could occur. The next time that man needs a doctor, he may well have second thoughts and decide not to go.

This is where teaching hospitals have a potential advantage over other hospitals. Although the nurses have the most contact with the patients, it is the students who have the greatest opportunity to talk with the patients. This should not be looked on as a chore, as perhaps somebody considered it was with the man above, but as something which is essential during their hospital stay. Patients need reassurance, and even in the most desperate cases, the maintenance of hope is of great importance.

Practically, the student on the ward is of limited usefulness, but where he has a useful function is in the development of a sympathetic relationship with the patient that will be profitable to everyone, including himself. However, the benefits will only come if he makes the initial effort. A perfunctory, "how are you?" as one takes the bloods, is not really sufficient. Generally, if the patient can see people taking a keen professional interest in him, he may become more occupied with getting well and less worried about some of the more uncomfortable procedures. Here, though the student may have some difficulty, for not being professionally qualified, there is a danger with some patients of a relationship developing that is a little embarrassing, from which it could be difficult to extricate oneself. Obviously, a degree of caution is necessary, but not so much to the detriment of the ultimate aim.

Similarly in the outpatients' department, the time a student can spend questioning and examining a patient, is much greater than that which can be spent by a doctor. The student is really screening the patient and reporting any aberrations to the doctor. The student learns a little, more often than not, the patient appears grateful for such an extensive examination and professional time is saved. Again, because somebody has taken the time to investigate him in this way, and in doing so strike up a certain rapport, the rewards, as with the in-patients, may be great.

The students, therefore, do have a direct responsibility to the patients, and only the cynics would argue that this is an example of Parkinson's Law at work.

Come back, Victoria

Fifty years after the struggles of Mrs. Pankhurst and her valiant band, the fight for equality of the sexes continues. The main battleground has shifted to the other side of the Atlantic where it appears that men have capitulated under an overwhelming force determined to prove that women are not equal but more capable than their counterparts. The devastating simplicity of the slogan "Equal pay for equal work" is difficult to refute.

But problems appear when this argument is applied. Doing equal work may mean doing heavy, dirty, or unpleasant tasks normally accepted as the lot of the uncomplaining male. Equality means competing for scarce jobs in areas of unemployment. If this occurs the traditional courtesies extended towards the gentler sex will come to an abrupt end. It also means that both sexes will continue work to the same retiring age of 65. One unexpected result of this may be the equalisation of life expectancy for the two sexes.

One cannot compare two completely different concepts in real terms. Just as no one can equate the pleasure from landing a salmon with that of hearing Klemperer conduct Beethoven, so it is not feasible to equate the two sexes. They are biochemically, physiologically, mentally and functionally different.

What will equality achieve? A joyless existence in which one of the basic motivations of life, that of pleasing the other sex, is lacking. Women have shown that they are as capable as men but lose so much in doing so. They are no longer truly women. Equality is a ghastly prospect for both sexes, and for the benefit of all a woman's place in 1970 should remain in the home.

BIENNIAL DINNER

We hope that as many people as possible will be able to come to the Biennial Dinner, which is taking place on Friday, 2nd October. A notice giving more information, appears later in this *Gazette*.

GUY'S DIARY

SEPTEMBER

21 M 1.00 Clinical Lecture.

Dr. W. C. ROBERTS, M.D.,
Director of the Section of Pathology, National Heart and Lung Institute, Bethseda, Maryland, U.S.A.

"Prosthetic Heart Valves; their Evolution and Complications."

Memorial Service

A Memorial Service for Professor R. H. Gorrill will be held in Guy's Hospital Chapel on Monday, 21st September, at 1.30 p.m.

MEDICAL IMPOSTERS

by

Brian Hill

"There be many mountebanks, quacksalvers, emperiks, in every street almost, and in every village". Robert Burton wrote in 1621.

Medical imposters have battened on the public for as long as can be remembered.

There is a 14th century record of a "counterfeit physician" being "set on horseback, his face to the horse's tail, the same tail in his hand as a bridle, a collar of jordans about his neck, a whetstone on his breast, and so led through the City of London with ringing of basons and then banished". There were other means of dealing with the problem. A statute of Henry VIII forbade any person to practise medicine in the metropolis without the sanction of the Bishop of London or the Dean of St. Paul's, both of whom could call on a medical panel for advice; outside London similar authority was given to the bishops.

In the same reign the College of Physicians' charter gave it power against false physicians. The Act proved something of a failure, for it bore hardly on the poor who looked to herbalists and charitable persons for free medicaments. It had to be amended and quacks found that it was not difficult to persuade the ecclesiastical authorities to grant them licences to practise.

One notorious imposter was Thomas Saffold, who obtained a licence in 1674 from the Bishop of London. Like his competitors, he was a great advertiser and pushed his wares in bad verse:

It's Saffold's Pills, much better than the rest,
Deservedly have got the name of Best . . .
The half-box, eighteen pills for eighteeen pence,
Though 'tis too cheap in any man's own sense.

Another versifier was "Dr." Case, who succeeded him, with claims to cure—

The Cramp, the Stitch,
The Squirt, the Itch,
The Gout, the Stone, the Pox;
The Mulligrubs,
The Bonny Scrubs,
And all Pandora's Box.

His advertisement ended with conscious irony:

Read, judge and try,
And if you Die,
Never believe me more!

Queen Anne's Knighted Quack

Reputable physicians at that time made fortunes out of medicines, the composition of which they refused to divulge. Sir Hans Sloane, who gave his name to the London street, prescribed his special eye-ointment. A naval doctor, William Cockburn, enriched himself by means of a secret cure for dysentery, and Robert James and Thomas Dover dispensed their popular powders. But Queen Anne, who suffered from weak eyes, was probably the only English monarch to knight a quack. This was William Read, or Reade, a "botching cobbler", who rose to flaunt himself as Her Majesty's oculist. Before he came to the Queen's notice, Read had been hawking his remedies through the provinces, "couching cataracts, taking off all sorts of wens, curing wry necks or hair lips without blemish". He was too illiterate to compose his own verse-advertisements, so he hired a hack to publish "The Oculist", a poem which puffed him extravagantly. It was poor stuff:

Whilst Britain's sovereign scales such work has weighed,
And Anne herself her smiling favours paid,
That sacred hand does your fair chaplet twist,
Great Read, her own entitled Oculist.

Read received the accolade in 1705 "as a mark of royal favour for his great services done in curing great numbers of seamen and soldiers of blindness gratis". In spite of his humble background, he mixed in good society. Sir Richard Steele and Nicholas Rowe, the playwright, sat at his table, and Swift wrote to Stella in 1711, "he makes admirable punch and treats you in golden vessells". Nothing but the best!

Read was succeeded at the court by Roger Grant, an equally ignorant tinker who had himself lost an eye soldiering in Marlborough's armies. Verses were published against Read as well as for him:

Her Majesty sure was in a surprise
Or else was very short-sighted,
When a tinker was sworn to look after her eyes,
And the mountebank Read was knighted.

Of Grant, another sceptic wrote that he was:

. . . like a tinker true;
While he repairs one eye he puts out two.

The Imposters' Golden Age

This pair of imposters ushered in what has often been called the golden age of quackery, for the 18th century recorded the careers of a number of amusing rogues of both sexes. Some, like the scene painter, Philippe Jacques Loutherbourg, Horace Walpole tells us, claimed to cure by "the laying on of hands"; others (they were known as "Piss Prophets") could diagnose every mortal ill by an inspection of urine. One of these latter pretenders, a "Dr." Myerbach, was handed as a test a flask containing a cow's urine; it indicated, he said, "too great a pleasure in women".

A most impudent charlatan was Joanna Stephens, who announced in 1738 that she would disclose the secret of her remedies for the stone for a sum of £5,000. A subscription list was started and was headed by the names of two bishops, the Dukes of Richmond, Leeds and Rutland, and a number of other noblemen. This is surprising enough, but what is almost beyond belief is the fact that, when the amount subscribed fell short of the total by some £3,000, Parliament actually voted to supply the balance out of public funds. Mrs. Stephens' secret, published in the *London Gazette*, revealed :

> The medicines are a Powder, a Decoction, and Pills. The Powder consists of Egg-Shells and Snails, both calcined. The Decoction is made by boiling some herbs (with a ball made of Soap, swine's cresses burnt to blackness and honey) in water. The Pills are Snails calcined, wild carrot seeds, burdock seeds, ashen keys, hips and haws, all burnt to blackness, Alicant soap and honey.

The great Sir Robert Walpole took large quantities of "Mrs. Stephens' Medicines" for the stone, and probably shortened his life.

Three of the Best

Three outstanding male quacks who flourished during the 18th century were Josuah Ward (1685-1761), John Hill (c. 1716-1775) and James Graham (1745-1794).

Ward, who was damned by Dr. Johnson as the dullest man he knew, owed his first success to the lucky chance of curing George II of a dislocated thumb. His reward was an apartment in the almonry in Whitehall, permission to drive his coach through St. James's Park and, most important, protection against the College of Physicians. An unkind critic wrote :

> Before you take his Drop or Pill,
> Take leave of friends and make your Will.

But Ward had influential supporters. Lieutenant-General Churchill had first introduced him to the King, the Lord Chief Justice testified to the cure of one of his servants and the dying novelist, Henry Fielding, made his gratitude public. The quack had his benevolent side, too, and subscribed generously to charities. He died a rich man and expressed a hope in his Will that he would be interred in Westminster Abbey, "within the walls of the altar or as near the altar as may be". The Dean and Chapter had other views. Ward's remains rest elsewhere, but his life-size statue greets visitors to the Adelphi headquarters of the Royal Society of Arts.

David Garrick summed up John Hill in a devastating couplet :

> For physic and farces his equal scarce is ;
> His farces are physic, his physic a farce is.

The subject of this rhyme had tried his hand not only at medicine, but at acting (disastrously), writing plays, journalism, anything, in fact, to make money or feed his vanity. Hill's is a success story, although he had more than one setback. Apprenticed in youth to an apothecary, he even managed towards the end of his career to get the magic letters M D after his name; a wit said that he "obtained through one of those universities which would scarce refuse a degree to an apothecary's horse a diploma for that of doctor of physic".

Hill's remedies were largely herbal—"Essence of Waterdock", "Tincture of Valerian", "Elixir of Bardana"—but his income came mainly from popular journalism. He could almost be called the originator of the modern gossip column; with no fear of libel actions, he could freely exercise his spite. This led to a public caning from a sufferer from his sallies and to Christopher Smart's satirical poem, "The Hilliad". Perhaps the most savage satire in the English language, it recounts the adventures and mishaps of one "Hillario"—

A paltry play'r that in no part succeeds,
A hackney writer whom no mortal reads.

Hill's reputation suffered so much damage from Smart's biting verses which were on everybody's lips that he was forced to publish his own work under pseudonyms. But he rose resiliently over his misfortunes. This "dunghill", as Fielding contemptuously christened him, managed to wed the sister of a peer, was awarded a knighthood by the King of Sweden and, through the patronage of the Earl of Bute, the young King's minister, found himself appointed superintendent of the Royal Gardens at Kew. There he embarked on his great *magnus opus,* "The Vegetable Kingdom", in 26 volumes, each profusely illustrated. Hill did not live to complete another and died crippled with gout, a disease his "Elixir of Bardana" was advertised to cure.

Graham's "Celestial Bed"

The third member of this ignoble triumvirate was less fortunate and certainly less sane. At the height of his career, James Graham, creator of the "Celestial Bed" was the talk of the town, but his success was short-lived. Graham had studied medicine at Edinburgh without taking a degree, and then emigrated to America, where "he travelled for the benefit of mankind, to administer relief in the most desperate diseases".

Enriched by his grateful patients, he returned home and opened his famous Temple of Health in London. Situated first in the Adelphi and later at Schomberg House, Pall Mall, this extravagantly decorated and furnished establishment announced as its main purpose "preventing barrenness and propagating a much more strong, beautiful, active, healthy, wise and virtuous race of human beings than the present puny, insignificant, foolish, peevish, vicious and non-sensical race of Christians, who quarrel, fight, bite, devour and cut one another's throats about they know not what".

Soft music, coloured lights and incense introduced visitors to the Celestial Bed. It was supported on glass legs, stuffed with the hair of stallions and, tilted at the most advantageous angle for its purpose, offered childless couples a few moments' bliss and the prospect of obtaining an heir for a fee which varied between £50 and £500 according to the success of the venture. For another large sum the visitor could carry away enough of the doctor's "authentic elixir of life" to ensure many years of health. To boost his remedies, Graham gave lectures on health and propagation and conducted electrical experiments, or in Southey's horrified comment, "tampered with electricity in a manner too infamous to be reported". Patients could have earth baths, too, and so obtain "a skin as soft as the feathers of Venus's doves". Buried to their necks in soil, they looked, according to one observer, like so many cabbages in a field.

Public interest in all these activities was not long-lived. Graham had to close his Temple. He returned to Scotland, where he suddenly announced the advent of the millenium and styled himself "The Servant of the Lord, O W L". These cryptic letters meant, it seems, "O Wonderful Love". Today's hippies would have adored him, but he was taken to an asylum.

In spite of his quackery and eccentricity, Graham promulgated some sensible ideas on healthy living. He advocated temperance, bodily cleanliness ("the sweetest, freshest and most personal cleanliness from the top of the head to the end of the most distant toe"), and fresh air. But medical opinion thought his notion of keeping windows open at night a most dangerous heresy. Night air was harmful.

In 1783 the Government tried to check quackery by imposing a tax on proprietary medicines; the quacks retorted by telling prospective customers that the official stamp on their boxes of pills guaranteed Government approval of the contents.

An Artist in Harley Street

Another interesting impostor who appeared on the scene in the early years of the 19th century was John St John Long, a young Irishman with a talent for drawing. For a time he worked in Sir Thomas Lawrence's studio, where he did a number of anatomical drawings for medical schools. Perhaps the worked turned his thoughts to setting up for himself as a physician. About 1826 he began to treat tubercular patients with a secret substance which had to be rubbed on the skin. His success, particularly with women—he was good-looking and well-mannered—was such that he was soon installed handsomely in Harley Street and was earning £10,000 a year. He managed to survive two trials for the manslaughter of patients; in one he was acquitted, and as a result of the other, fined a sum of £250. Nemesis finally overtook him in the form of the very disease he pretended to cure. He died at the early age of 36; his ornate tomb is in Kensal Green Cemetery.

Mattei's "Electrical Fluid"

A real blow to the ranks of quackery was dealt by the Medical Registration Act of 1856. Under it a medical register was set up and a General Medical Council given the duty of assessing the qualifications of those applying for entry in it. But though the Act may have scotched the snake, it was not killed. New scientific inventions opened up new possibilities of delusion. In 1890 a Count Mattei (Pope Pius IX was one of his patients) claimed miraculous cures with his "electrical fluids". Analysed, they proved to be ordinary tap-water and nothing else.

Two volumes of *Secret Remedies* published by the British Medical Association in the early days of the present century, disclosed the ingredients of a number of patent medicines and compared the cost of manufacture with prices to the public. Many thousands of the volumes were distributed, but quackery survived. Even the National Health Service, with its almost free drugs, has not given quackery its final death blow. So long as greed and love of power operate on the side of the counterfeit physicians and the public nurtures, a pathetic belief in the magic of "secret" nostrums, quackery will continue to flourish.

This article originally appeared in *History of Medicine,* a quarterly journal, the Editor of which would welcome enquiries at the registered office, 78, Queen Victoria Street, London, E.C.4.

NOTICES

Guy's Hospital Resident Officers, September—December, 1970

President: Mr. D. S. Briggs.

Vice-President: Mr. R. E. Cowan.

Treasurer: Mr. P. H. Reinhold.

Assistant Treasurer: Mr. R. J. G. Rycroft.

Secretary: Mr. G. B. Hey.

Assistant Secretary: Mr. M. J. Forbes.

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Mr. M. F. M. Bamford, Mr. A. G. Samuel-Gibbon, Mr. N. C. B. Howell, Mr. D. F. M. Thomas

GUY'S HOSPITAL BIENNIAL DINNER

Friday, 2nd October, 1970

To be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2, on Friday, 2nd October, 1970, at 7.0 p.m. for 7.30 p.m. The Chairman will be G. F. Gibberd, Esq., C.B.E., M.S., F.R.C.S., F.R.C.O.G. The Biennial Dinner affords the most popular opportunity for old Guy's men and women—medicals and dentals—to meet together and renew the friendships of their student days.

The Hon. Secretary will be grateful if Guy's men and women who intend to be present will apply for tickets (£3 3s.) as soon as possible and **not later than Monday, 21st September, 1970.** Every effort will be made to seat applicants as near their contemporaries as possible. Applications should be sent to the Hon. Secretary, Biennial Dinner, Guy's Hospital, London, S.E.1. Telephone enquiries: 01-407 7600, Ext. 341, 342.

In the afternoon of Friday, 2nd October, Professor Sir Hedley Atkins will "Chair" a programme on the work of the Guy's Hospital Breast Clinic, 1936-1970, at 2.30 p.m. in the Physiology Theatre, Medical School.

It is very much hoped that this meeting will appeal to all Guy's men and women, whatever their interest, and that as many as possible will attend.

Noel Glover, Hon. Secretary,
Guy's Hospital Biennial Dinner.

CORRESPONDENCE

SIR,—Jimmy Goodliffe is about to retire. Before he does, let me say how much his efforts have meant to so many Guy's men.

It is only when newly-qualified, that Guy's men encounter Jimmy. It is a difficult moment, a moment of great relief mixed with apprehension, as one is launched into a career.

For those of us who were leaving Guy's to go to house jobs away from the group, or into general practice, it seemed that we were suddenly on our own. Alone amongst teaching hospitals, Guy's, in the shape of Jimmy, provided a wealth of sensible advice and encouragement in planning that career.

During the last few years I have known so many doctors all over the world who know Jimmy and have benefited from his help. These include many Commonwealth graduates as well as men from other London teaching hospitals.

It is this which makes one realise what a unique and valuable service he has created. I do hope someone else will be able to carry on this tradition.

Australian Embassy,
8, Makedonon Street,
Athens.

Yours sincerely,
Robin Sims, M.R.A.C. G.P.

Misprints in the "Gazette"

SIR,—I have suffered from too many misprints in the *Gazette,* not to realise that Sir Hedley Atkins was the victim of another one.

My innuendoes in my article on Horace referred to someone other than Sir Hedley Atkins, and the single error in his quotation was, obviously, not his, but the printer's.

Oakfield,
Hay-on-Wye,
Hereford.

Yours sincerely,
G. L. Davies.

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NURSING SECTION

The Ward Sister

An interesting letter was recently published by *The Times*, written, one assumes, by someone who is not employed in a hospital; it attempted to convey to the public, the situation arising in hospitals as a result of modern methods of management. The purpose of the letter was to lay stress on the fact that the Ward Sister, and in particular the one with experience, is a rapidly dying race.

As one would anticipate, none of the nursing profession except one, felt moved to make any reply to the communication. The General Public, it would seem, have no interest either in the fate of the health service which purports to minister to them in their hour of need; it would thus seem that some timely comment is indicated.

The letter stated that due to the lack of incentive to remain in the position of a Ward Sister, people are impelled to abandon their chosen profession. Having reached the great age of thirty years, one finds that the end of the road is in sight, unless one is willing to enter a field of work for which one has not been trained. The letter did not describe the pressure exerted on Ward Sisters to make their departure from the Wards and rise one grade in the Salmon scale.

The majority of girls embarking upon a nursing career do so in order to care for the sick. They do not wish to undertake duties which require no nursing training, but which can be handled by a competent administrator. One cannot blame these same people for leaving the Service when they discover that the subsequent thirty years are to be spent behind a desk or at Committee meetings.

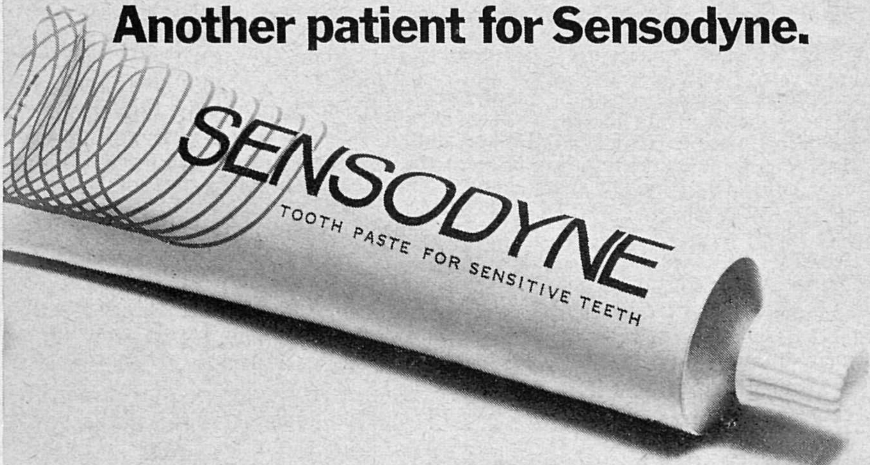
In addition to this it is difficult to see how the patients can receive the same standard of care, when the Ward Sisters never have longer than two years' experience, and are, in addition, several years younger than those holding the same positions ten years ago. Is it really envisaged that a peripatetic number seven will fulfil this role?

Very little comment has been made on the current trends by those in the medical fraternity. Is it that they are unaware or do they not wish any longer to work with Ward Sisters whom they know are experienced?

It seems very wrong that the one unit of stability in hospitals is to be eradicated. Not only will patients suffer, but so also will the trainee nurses. Surely it would be beneficial to all parties to upgrade the Ward Sister's position in order to make it worth her while to remain. At present she is feeling something like Cinderella. This country is going to lose large numbers of nurses who are just reaching the stage of being thoroughly beneficial to their various communities. It seems that the various hierarchies are under some kind of herd-like compulsion. If one goes, all must follow. Might not some serious contemplation and a pause be more beneficial?

Pain-fear-neglect cycle
i. e. increased hypersensitivity.
Patient requires a
therapeutic agent with a cumulative
desensitising action preferably
with Strontium Chloride.

Another patient for Sensodyne.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SPORT

SPORTS COMMENT

Sportswomen at Guy's—Where?

For nearly 18 months, sports comment has been decrying the lack of interest and indolence amongst the women at Guy's. However, women's sport has continued in its rapid decline, now having almost died.

There is left only the women in the table tennis club and swimming club, who participate in organised sport. All the other clubs for women have gone.

The women's hockey club ceased to exist last season. The physiotherapists long ago left and formed their own club with its own fixtures. They now represent only Guy's women's hockey team.

Women's athletics really disgraced Guy's this year. Only Ros Dow competed in the U.H. finals and it was only last year that Guy's held the U.H. women's cup.

As for tennis, plenty of women play, but only a few are interested in playing for a tennis team, and this, too, seems to have disappeared.

The picture is therefore one of a rapid abandonment of sport by Guy's women. It seems that no sooner than a girl has entered Guy's, she immediately leaves a life of any competitive sport, except that of chasing men.

The major reason for this is probably the association of sports with a lack of femininity. The Tamara Press's of the world or the Amazon hockey players provide small encouragement for women to continue sport after leaving school. However, neither is the picture of a girl gradually increasing in weight, a good advertisement for inactivity. It seems women prefer to starve rather than exercise in order to maintain their sylph-like figures.

Also, as in most of Guy's sporting activities, little is done to attract the many other members of the community in the Hospital. Few, if any nurses, are ever involved in the athletics or hockey clubs. This seems amazing when the number of nurses in the hospital is considered. Not all of them can be on duty every Saturday afternoon.

What should be done? Firstly, there must be a change of heart. It is much better, from the point of view of one's health, to exercise in the fresh air, than to starve to keep the old blubber off. Also it is time that there was some communication between the nurses and medics, etc. This can only be achieved by the sports notices and fixture lists being put up in the nurses' home as well as the East Wing. There will soon be many new girls entering Guy's, and they should be encouraged to continue their sporting activities.

Finally it seems so strange that men, unlike women, continue playing rugby, squash, etc. into their thirties, women stop their sporting careers after leaving school. In these days of universal leisure, besides rearing children, what do women do in their free time?

DOCTOR
G-ARAZ
Brockbank

MERELY MORTAL

Horrible things only happen to other people–or do they? We have plenty of people on our books who turned out to be mortal after all, even though they were students at the time. Some of them will never work again. But they were wise enough to take out a Foundation Policy. It didn't cost them much (just £4.0.0 a year) and now we are paying them a regular monthly income and will go on doing so either until they are fit or until they reach the age of 65, whichever is the earliest. Isn't it time you realised that everybody is merely mortal – including you? Post the coupon for details of our Foundation Policy.

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Tel: 01-636 1686 (15 lines)
01-636 4158 (24 hour answering service)

Please send me without obligation particulars of the Foundation Policy.

Name ____________________

Address ____________________

____

Date of Birth ____________________

(Post in a sealed envelope bearing 4d stamp and marked CONFIDENTIAL)

5039

HOSPITAL INFORMATION

PERSONAL

GUY'S COUPLE in Chislehurst (Dentist and Nurse) require services of a gentlelady for their tough kids. Some day and evening baby sitting etc., suit retired nurse. Box No. 10/8.

GENERAL PRACTICE in Maine, ski-ing, sailing and £10,000 net a year—apply Appointments Bureau, Guy's Hospital.

YOUNG GUY'S MAN required as Assistant with early view to Associateship in an efficiently run, rapidly expanding family Dental Practice situated in an attractive market town on the edge of the Berkshire Downs. Modern low level equipment, own surgery and nurse, complete clinical freedom. Write: P. J. E. Lang, Rosebank House, 1, Vale Avenue, Grove, Wantage, Berks.

CHANGES OF ADDRESS

Mr. R. J. Beacham, B.D.S., L.D.S., R.C.S., 7 Highway Court, Beaconsfield, Buckinghamshire. Tel: Beaconsfield 3254.

Dr. K. G. E. Brown, 44, Foxbury Road, Bromley, Kent.

Dr. and Mrs. David J. Ewing, 6 Weaver Knowe Crescent, Currie, Edinburgh.

Dr. Roy Meadow, Department of Paediatrics and Child Health, University of Leeds, 27 Blundell Street, Leeds 1 (Leeds 22419). Home address: Southacre, Church Lane, Bardsey, Yorkshire, LS17 9DH (Collingham Bridge 3470).

Dr. and Mrs. Hugh Rees (Sandra Evans, S.R.N.), Bank House, Market Square, Uppingham, Rutland.

Anthony B. Richards, Esq., M.Ch., F.R.C.S., c/o Dept. of Surgery, Mayo Memorial Building, Minneapolis, Minnesota, 55455. U.S.A., until July, 1971.

BIRTHS

PENNEY—On 11th August in Guy's to Margaret (née Fairley) and Dr. Christopher Penney, a son (Richard William).

WILLIAMS—On 21st August to Lesley (née Hornby) and John Williams, a son (Richard Charles).

DEATH

SKINNER—On 25th August, 1970, Clarence Skinner, L.M.S.S.A., L.D.S., R.C.S., Eng., of "Grays" Crowlas, Penzance, Cornwall, aged 68 years.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS S. M. KILPATRICK and N. D. S. BAX
SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2144

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

War

What with the Jordanian civil war and the numerous hijackings, the world has sadly seen in the last two weeks an escalation of horrific proportions in the Middle East troubles. Suddenly the turmoil has spread its tentacles to involve more deeply many other countries. Human life has become something with which one makes bargains and masses of people, probably with very little idea of what is happening around them, live in fear.

Shortly after the aircraft hijackings, America, Britain, West Germany and Switzerland presented what initially promised to be a strong negotiating front. This has now been shown to be powerless. Even the International Red Cross found that the best will in the world was not quite enough.

The Palestinian guerillas have certainly achieved one of the things they set out to do—that being drawing attention to the fact that they have no home State of their own. This is a plight similar in some respects to that of the Jews spread around the world in the 1940's. The Palestinians now seem intent on evicting the Israelis from their country, and by the look of it, the Jordanians, too.

In the Arab States it is the Jordanians who have come closest to talking reasonably with Israel. They are virtually prepared to guarantee Israel's security along their mutual border for the return of the land which Israel took from them in 1967. The guerillas oppose this, and in doing so, threaten both Jordan and Israel. Another reason why Jordan is suffering at the hands of the guerillas is because King Hussein has, throughout the length of their activities, lacked any real firmness in dealing with them, threatening, as they did, much of world opinion about the Arab cause. King Hussein has now completely lost control.

The American peace moves, aimed at bringing about a settlement between the Arab countries and Israel have now failed. How much this is due to the activities of the mentors of both the guerillas and Egyptians we do not know. However, both sides are now behaving like frightened animals, and by constantly breaking the cease-fire proposals show the extent to which they are convinced that they are both right. Throughout the recent weeks Russia's lackey, Nasser, has remained remarkably quiet. Although he occasionally says he wishes the Jordanian royalists and guerillas would stop fighting, his constructive activitity is nil and one wonders if he is to be believed. At the present the Russians probably look upon the guerillas as fuel to keep the fire going yet at the same time are encouraging the Egyptians to play the part of Public Relations Officer, a job at which they have never excelled. As guerilla activity is threatened by the build-up of the American sixth fleet in the Eastern Mediterranean, the Russians in turn warn the Americans to refrain from getting involved. One can only assume they regard their supply of arms to Arab states and their own arms build-up as wholly justifiable. Thus the situation is very complex.

The original goal of the Palestinians was one of resettling those in refugee camps. This seemingly humanitarian course has been replaced by one of terrorism. Their activities are at present holding the world to ransom and creating needless misery. They may persuade some that their cause is a good one and their methods justifiable, just as did Germany in the late 1930's. It was proved then that bargaining with an unruly mob is of no use. How much value then, could be placed upon the results of any treaties made with the Palestine guerillas?

Open Spaces

One of the diseases that affects Hospitals more than other Institutions is the fungus-like appearance of "temporary" buildings on any area of open space. The exact site of these does not matter, for wherever they are placed, they always manage to destroy the architectural harmony of whatever is already there. They tend to remain for several years until they are considered "essential", and then nobody can remove them. So they remain as eyesores unsuited for any permanent purpose.

Therefore we can rejoice at the disappearance from the Park of the building huts and equipment that have disfigured it for several years. Many people at Guy's will now be seeing the Park uncluttered for the first time. Although Hunt's House hardly harmonises with anything, the overall impression of the Park is of a pleasant place in which to sit at lunch time and watch others hurrying by.

The irreverent suggestion that the ground has been cleared only to make way for something worse is, we hope, completely untrue.

Newcomen Centre

On Monday, 5th October, at 9.20 p.m., the film, " A Child for a Lifetime", will be shown on the B.B.C. 2 Horizon series. This film was made at the Newcomen Centre at Guy's Hospital.

GUY'S DIARY

SEPTEMBER			
28	M	1.00	Clinical Lecture. Professor W. G. BURROWS, M.D., Chief of Professional Education, Department of Mental Hygiene, Mendocino State Hospital. "The Riot on the Campus."
29	Tu	1.00	Clinical Lecture. Mr. ELLIS. "The Management of Occlusive Vascular Disease of the Lower Limbs."
OCTOBER			
1	Th	1.00	Clinical Lecture. Mr. LAWRIE.
2	F	2.15	Combined Round in Pre-Clinical Classroom. Chairman : Dr. CLARK. Speaker : Dr. KNIGHT.
		4.00	Transplant Lecture. In Clinical Lecture Theatre, 2nd floor, New Guy's House. Mr. M. BEWICK. "Tissue typing and donor preparation."
5	M	1.00	Clinical Lecture. Dr. LESSOF. "Thyroid Failure."
9	F	1.00	Clinical Lecture. Dr. KAUNTZE. "Clinical Examination : Its Routine and Pitfalls."
		2.15	Combined Round in Pre-Clinical Classroom. Chairman : Professor BUTTERFIELD. Speaker : Professor TROUNCE.
		4.00	Transplant Lecture in Clinical Theatre. Mr. ELLIS. "Transplant Techniques."

THE "GOOD OLD DAYS" REMEMBERED

by

Emily E. McManus

I suppose the manners and ways of life of olden days are apt to be amusing when viewed from afar; 60—80 years ago manners and habits were still Victorian. I am one of those who can look back and, to paraphrase the words of my great contemporary and compatriot, "I am not amused!"

I am glad to welcome many new ways and modern improvements but some of the changes are not by any means real improvements.

For a young nurse at Guy's, 1908—1911, they were good days. Truly the one hour off a day was not good. Three-and-a-half hours off every day could have been arranged but in the wards—with very few exceptions—we were a happy family. There was case assignment—alas! in recent years a lost privilege since "shift" work came into being. Every nurse had her own quota of cases and the patients felt that they had *their own nurse.* My very first patient was a heavy paraplegic in Mary Ward. I was responsible for every aspect of the case, including the proper care of her back and heels: only getting help to roll her when putting in a clean bottom sheet.

About heads: Verminous heads were common in those days of poor housing and no Social Service. So, too, were the long neglected feet of the elderly. Some curled horny toenails could not be trimmed except with a small hacksaw, wire cutters or a rasp. In a well-kept hospital there was no such thing as bug-infested walls, but after visiting hours a stray bug or two might be found wandering across a bed. Beds were kept scrupulously clean, top sheets changed twice a week, bottom sheets every Saturday. We washed our patients to the waist every morning and blanket-bathed then once a week, and every bed patient's back was rubbed with spirit and powder night and morning. Bed occupation was much longer and there was not so much research by medical and laboratory staffs. Without doubt, although we were busy, there was more of that precious commodity—*time*—in which to savour and enjoy our work. When off duty and not rushing for a date we could sit in the park and darn our stout thread stockings—no nylons—but usually two pairs of real silk stockings for evening wear.

About lockers: hygienic packets of food were then unknown and patients' lockers, holding their precious personal possessions, could easily become dustbins of festering rubbish if not sorted out and cleaned by the nurse; *not* a job for an orderly or maid. Our food was not nearly as varied or well served as now. It was dull, ample and nourishing. We could have beer at lunch and supper if we wished, the benevolent authorities believing that it was good for busy tired girls.

There was not the plethora of boy friends that exists today but we got by comfortably.

Recreations were different; there were few dances; plenty of tennis at the Nurses' Cottage at Honor Oak Park; plenty of free theatre and concert tickets; an active Nurses' Choral Society and Students' Glee Club; also three grand pianos in the Nurses' Home were in full use. The Henrietta Raphael Nurses' Home provided single rooms with hot and cold water for each nurse—far in advance of any other nurses' home in the British Isles, and, in memory of their mother, the Raphael brothers gave us the luxury of the small swimming bath under the Home.

According to the terms of Thomas Guy's Will, the Chapel was filled to overflowing every morning at 7.45. Head nurses in the two centre aisles, probationers all round the sides and in the gallery. There were plenty of nurses who could play the organ. Night nurses in Chapel at 8.45 p.m. I still remember the soothing words of Compline:—

"The Lord Almightly grant us a quiet night and a perfect end. Be sober, be vigilant for your adversary the devil as a roaring lion walketh about seeking whom he may devour. Whom resist, steadfast in the faith."

The quiet night was not always granted. Crises often occurred: the great infantile summer diarrhoea epidemic while it lasted, was a nightmare. But I, for one, loved night duty: the quiet, darkened ward, the feeling that the patients were all yours until the morning. Warm friendships, hard days—but great days.

Mr. A. Baker

Mr. Baker, who has worked in the Physiology Department for 70 years, has recently retired for the second time. In 1950, Mr. Baker, having reached the official age for retirement, carried on in the department, though on a part-time basis until last April, when illness forced him to stop work altogether.

Working at Guy's seemed to Mr. Baker to be a challenge, especially as he had a long journey from his home. On several occasions, when snow, frost and fog prevented younger people from reaching Guy's, Mr. Baker would arrive delighted that he had, with his well developed sense of duty, overcome the hazards. He will be missed, not only for his ability in his job, but for the cheerfulness and humour which are large ingredients in his personality. Quite a few people will miss the small bet on the boat race or 'Spurs, or even on where the centrifuge bucket will stop. A feature of Mr. Baker is his utter reliability, and this, together with his considerable ingenuity in fulfilling his duty, made him invaluable as a colleague. His vignettes of classical names in Physiology whom he had met, are a joy.

No one can work in one place for 70 years, and furthermore, in a place where scores of young people pass through each year, without being known by persons all over the country and the world. These persons will recall a quiet, resourceful, kind and helpful man whom all will wish a happy full-time retirement.

NOTICES

Guy's Hospital Junior Staff Committee

The British Medical Association have kindly donated an Annual B.M.A. Lecture to the junior staff of Guy's Hospital. It has been decided that these lectures will be related to recent advances in medical knowledge, and presented by Guest Lecturers of appropriate distinction and authority in their field of work. Professor D. W. Smithers, of the Royal Marsden Hospital, will give the Inaugural Lecture on "The Natural History of Hodgkins Disease".

In the Physiology Theatre,

5.00 p.m.,

Tuesday, 20th October.

All members of the staff, junior and senior, are invited to attend. (Tea will be served from 4.15 p.m. in the Committee Room of the Medical School, by courtesy of the School Council).

Junior Staff: Annual General Meeting

Tuesday, 6th October, in the Committee Room of the Medical School, at 5.00 p.m. Agenda will be circulated.

TWO POEMS

by

P. B. Morris

Dalham Beeches

My love walked in the sunlight
  As the giant beeches swayed,
While the northern breeze blew gently,
  Lest she should be afraid.

Through a changing hall of yellow,
  Vaulted by summer's green.
While the anxious sun shone gently,
  Lest she should not be seen.

My love returned through the beeches,
  Crowned by their golden net,
And I proudly went to meet her,
  Lest the path she should forget.

Evening on Barton Broad

The crested grebe and I defy the angry setting sun
That will, with timed indifference, leave us in promised solitude.
I, on my boat, he on his oily feathered breast,
Float in rippled golden contentment,
Whilst the day-weary breeze dies in restless gilded stipples.
The reed beds glow with smokeless fires,
Fanned by the wings of anxious swans,
Quenched by the water, olive green and slow,
While posted cormorants gaze in considered laziness.
The island shrugs its sparse leaved drooping trees;
Clouds, like squids, eject the protecting purple of late dusk.
The grebe dives, but I am sworn to stay
In moon hammered silver, to greet the water and the night,
And hear the solemn boom of the bittern's curfew.

NURSING SECTION

On Wearing Uniform

Ever since nursing became a respectable occupation for young ladies to pursue, the Profession has been inseparable from its multifarious types of uniforms. If anyone has the temerity to suggest that any changes should be made to the uniform, the howls of dismay, particularly from the younger members, can be heard echoing around the various hospitals.

It is an interesting paradox, however, that although the majority of nurses are as attached to their uniforms as a snail to its shell, a very large number appear to be uninterested or incapable of wearing it properly.

It was stated in these columns some months ago that the purpose of uniforms for nurses, is to provide practical and hygienic attire in which to perform their tasks. How many, though, appear to consider these factors? In addition, the nurse in uniform is presenting to the public, an image of the whole profession. If, therefore, any individual appears untidy, opinions will be formed on this basis.

Let us consider firstly the indoor uniform. If hair is untidy, cap dirty and dress torn, the nurse can look incredibly unprofessional. Even given allowance for the fact that most dresses do not fit, she can still look clean and tidy. Most nurses on questioning will express their pride in their hospital uniform, but this is often not true in practice.

Then there is the ubiquitous outdoor uniform. This generally is never worn correctly. Not only do nurses appear on Public Transport clad each in their own individual version, but they frequently travel with no coat over their indoor dresses in hot weather and thus transfer infection to the wards.

In some instances, of course, nurses are presented with irrational reasoning. One authority informs them that on no account are aprons to be worn outside the wards, and they then are able to observe the Senior, peripatetic night staff walking all round their hospital wearing these self-same articles, on the pretext that they are working. These two standards appear somewhat difficult to equate.

Despite, however, these last facts, nurses should surely be capable of ensuring that they wear their uniform correctly. Have they so little professional pride, that they do not wish to appear smart to their patients?

Is it not ironic that those who wish to retain all the cumbersome frills of yesteryear, are the very ones who frequently are the worst advertisements for the profession?

CORRESPONDENCE

"Unique Service"

SIR,—It is now generally known that Jimmy Goodliffe retires at the end of this month, and the letter from Dr. Robin Sims asks the question which must be in the minds of many Guy's men, "What will happen to the unique services provided hitherto by the Appointments Bureau?" The answer is that the facilities provided in the past will have to be curtailed, since it is no longer possible to maintain what has in effect become a bureau with national and indeed international connections. Much of this work, which has done a great deal for the good name of Guy's, has only been made possible by Jimmy's special knowledge of so many Guy's men and his personal interest in them.

From the 1st October the Appointments Bureau will be absorbed by the Department of Postgraduate Studies. This Department came into being in May, 1968, with the appointment of Dr. Kenneth MacLean, first as Adviser, and then Sub-Dean. It exists to organise postgraduate activities in the Guy's Group of Hospitals, to participate in similar activities with general practitioners and to liaise with hospitals in the Region over postgraduate training of junior staff. Among other activities we hope, in future, to keep in touch with as many Guy's graduates as possible, which will enable us to learn a good deal about career structures and the routes by which people reach their various goals. Such information will assist in the planning of postgraduate training programmes, but will also help us to provide advice for those Guy's graduates who seek it. On a limited scale we shall maintain some of the services of the Appointments Bureau, but only for our own graduates. I regret that on the departure of Jimmy Goodliffe, the "unique" services cannot be continued.

Yours faithfully,

R. K. Knight,
Sub-Dean of Postgraduate Studies.

Guy's Hospital Medical School,
London Bridge, S.E.1.

Jimmy Goodliffe

SIR,—May I also record my happy memories of Jimmy Goodliffe, who will be recalled by many Guys men for his unfailing courtesy and helpfulness. I am sure all will join me in wishing him a happy retirement.

Yours sincerely,

H. J. Goldsmith, M.D., F.R.C.P.,
Consultant Physician.

Regional Urological Centre,
Sefton General Hospital, Liverpool.

Honor Oak Park

SIR,—I am sure that all your readers were dismayed that Mr. Briggs was unable to obtain refreshment after his recent visit to the ground at Honor Oak Park.

In fairness to the staff, it should be pointed out that the steward being on holiday, access to the bar is impossible as it involves entry through his private quarters.

Hot water is provided on nights designated by the Rugby Club as training nights, and Tuesday has been avoided as it is the groundsman's day off.

Although the Clubs' Union would like to provide facilities twenty-four hours a day for 365 days in the year, members should appreciate that at holiday times a small amount of inconvenience may be expected.

Having inspected the changing room, I am sympathetic to Mr. Briggs' comments on the decaying clothing and footwear.

It has been decided that a fortnight after the beginning of the autumn term and at the end, any clothing, boots, trunks (luggage) or other article unclaimed, will be disposed. Lockers will be emptied, and if members require a locker, they should contact the steward so that a locker can be allocated and a record kept of the ownership of clothing contained therein.

It is hoped that by these measures the Club-house will provide congenial changing facilities for all members and guests.

Yours faithfully,

B. A. Ross,

Hon. Secretary.

Guy's Hospital Clubs' Union,
Medical School,
Guy's Hospital,
London Bridge, S.E.1.

Retaliation

SIR,—In the nursing section of the *Guy's Hospital Gazette*, dated 28th August, 1970, reference is made to the "degenerate system of nursing on the other side of the Atlantic".

If it were really so despicable, the hospitals there would be unable to attract the large numbers of overseas nurses that emigrate every year.

Yours sincerely,

S. E. M. Rensink.

Nurses' Home,
Guy's Hospital.

Good-bye Victoria

SIR,—It is surprising in 1970 to read the recent Passim "Bring back Victoria". One would not have expected a member of a hospital community, which is dependent on women staff, many involved in dirty, unpleasant work most men would shun, to hold such out-dated views.

Perhaps if all these people did retire to home for a week or two, the writer might revise his ideas of where their place ought to be.

That there are still some men (how could the writer be anything but male) conceited enough to believe a woman's main fulfilment lies basically in ministering to the male ego, is amazing.

As for the "traditional courtesies" women are in danger of foregoing, being allowed to pass through a door first, is surely poor exchange for being treated as an object of condescension.

Equality is not a terrible prospect for both sexes, it only appears so to one. Less preoccupation with being dominant, and more rational thought, might enable such men to see if their opinions of the respective roles of the sexes are *not* something inbred in us by Nature, but merely the result of pre-conditioning from birth. Such rigid role division might have served a previous generation, but hardly applies in what it is hoped is our slightly more educated society of today.

Yours, etc.,

Hilary Mayne.

East Wing,
Guy's Hospital, S.E.1.

BOOK REVIEWS

CONYBEARE'S TEXTBOOK OF MEDICINE,

15th Edition, edited by W. N. Mann and M. H. Lessof, Livingstone. 935 pp, £8 0s. 0d.

The first edition of "Conybeare" was published in 1929, and was generally a good and popular textbook of medicine. However, by the 14th edition, which was published in 1964, the quality and the popularity showed signs of flagging. Now, six years later, we have the fifteenth edition showing all the signs of having been thoroughly rejuvenated.

Dr. Lessof has joined Dr. Mann as assistant editor, and with him have come eight other new contributors, bringing the total number to 22, which must be the right policy if a large medical textbook is to make any pretence at all of being up-to-date. In spite of this large number of contributors, the editors have maintained a consistently high standard throughout. The new chapter by Dr. Barkhan is particularly good, as is the revised chapter on renal disease by Sir Max Rosenheim and Dr. Cameron, and Dr. Scadding's contribution to the section on respiratory diseases. This leaves only a very small fraction of the book waiting to be brought into the 20th century in the next edition. Perhaps the most remarkable achievement of all is a reduction in total length of the book by more than 100 pages. In addition to the improvement in material content of the book, the publishers have given this edition a more modern image; the printing is better with the introduction of some better type in places; the paper is of better quality, as are the X-ray reproductions. Unfortunately, all of this has resulted in the one big drawback—the cost; it is now £8, so that although it can now be recommended to students and postgraduate membership candidates as the best "large" British textbook of medicine, it is to be regretted that only the well heeled student will actually be able to own one. A cheap paperback edition, perhaps omitting the X-ray plates, would be a real service to medical education.

M. Maisey.

HYPERTENSION—CAUSES, CONSEQUENCES AND MANAGEMENT,

by George Pickering. Published by J. and A. Churchill, London. 115 Pages. Price 35s.

Professor Pickering has devoted a large part of his life to the study and treatment of patients with hypertension. One of the principal monuments to these endeavours is his book "High Blood Pressure", whose second edition was published two years ago. It is, however, a weighty tome belonging to libraries and specialists, and is beyond the pocket of the average student or doctor. "Hypertension" is, in effect, the pocket edition and is open to neither of these criticisms. The conclusions reached in the larger volume are presented clearly and concisely. Of necessity, the style is dogmatic, yet the author finds space to discuss the normal variation in arterial pressure and the factors which may influence it. The consequences of hypertension and the justification for its treatment are brought home with telling effect by a series of tables and graphs derived from life insurance statistics.

The best sections, however, deal with the patient himself, his clinical assessment, investigation and treatment. The last is particularly precise and the doctor faced with the emergency management of the patient with acute pulmonary oedema, hypertensive encephalopathy or malignant hypertension, will be glad to have this book by his side.

Only minor criticisms can be made, and these hardly detract from the value of this useful little book. Few doctors can afford to ignore it, and its clarity means that the interested nurse can learn much from it.

C.S.O.

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SPORT

RUGBY

THE START OF THE SEASON

Guy's have commenced the past two seasons by entertaining two clubs, Ruislip and Bromley, before facing the more senior test against Blackheath. Last year two victories were recorded and the games helped to mould a fifteen. This season the Hospital lost badly to Ruislip 24—5, but beat Bromley 17—9.

Defeat in the former game was mainly due to a general lack of fitness, the match was played in Mediterranean conditions and for the first twenty minutes Guy's maintained an all-out attack, but were unable to cross the line. Danford attempted several penalty kicks at goal but was wide on all occasions. Ruislip took the lead from a penalty goal and just before half-time increased their lead with a try. Guy's kicked off to start the second half and disposed of an opposing forward to allow Blackwood to dribble the ball and to score beneath the posts. Danford converted, this sudden burst of energy was about all Guy's contributed in this half and Ruislip, whose superior fitness was now apparent, were soon able to run in tries against inept tackling and a flagging defence.

Because of injuries to some players and the nuptials of another, the fifteen against Bromley were much changed. The captain, Tony Fallowfield had ground most of the participants through two gruelling training sessions in the week and although inexperienced in some departments, the side certainly had a lively and spirited approach. The game commenced with conditions wet underfoot and continued in a deluge for most of the first half. Bromley opened the scoring with a penalty, but Guy's, who were doing most of the attacking with the ball at their feet, replied with a neat dropped goal by Merrett from the back of the scrum. Guy's were not obtaining much possession from scrum or lineout, but took advantage of the fact by harassing their opponents and driving the ball through on the ground. Fallowfield was never far from the ball in this respect and the remainder of the pack were lost behind. From one such rush by the field, Bromley's defence was overrun and Langley-Smith got the touchdown amongst a bunch of players. The conversion failed. Bromley kept level with another penalty goal. Towards the end of the half with thunder and lightning adding to the hazards, Rigg, showing more pace and less weight than on the previous Saturday, knocked aside several would-be tacklers and crashed one from the ruck. Danford converted from in front of the posts.

On the resumption, Bromley had an advantage of the wind and blowing rain and Guy's were contained in their half. Time after time the Hospitals defence was saved by some remarkable safe fielding and kicking at full-back by Danford, who seemed to excel in the conditions. Guy's defence did eventually fail when from a scrum near the line rather indifferent falling for the ball allowed Bromley's forwards to rush over. With the scores drawing closer at 11—9, both sides seemed to find renewed vigour and Guy's proved to be the more constructive. Merrett, at scrum-half, who had been having a difficult time with the wet ball attempted several times to run on his own and from one such break almost had Coe over on the open. A short while later a short break on the blind side drew the defence and Barough coming through at speed gathered and dived over over in the corner. The conversion failed, but Danford sealed the victory with a successful penalty goal just before no-side.

Team v. Ruislip: M. Danford; B. Armstrong, S. Horsley, T. Dunnett, M. Coe; D. Barough, D. Merrett; A. Addison, T. Gibson, R. Massey, D. Stuart, K. Rigg, R. Blackwood, I. Barker, A. Fallowfield (Capt.)

Team v. Bromley: M. Danford; G. Langley-Smith, S. Horsley, T. Dunnett, M. Coe; R. Barough, D. Merrett; G. Voss, T. Gibson, C. Howell, T. Want, K. Rigg, B. Boyle, H. Holliday, A. Fallowfield (capt.).

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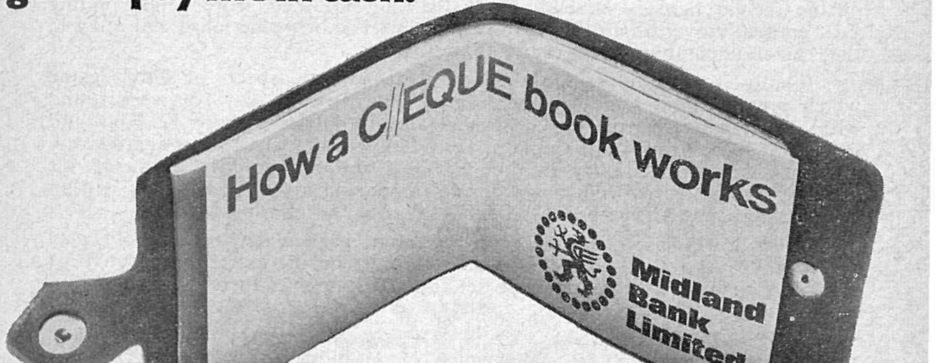

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Guy's v. Blackheath

Saturday, 19th September, at Blackheath.

Result lost 6—30

It would seem that, on the face of this score, that Guy's had been well and truly trounced. However this would be far from the truth, Guy's were indeed convincingly defeated, but not by the margin suggested by this score.

The first half started well for Guy's, as Blackheath seemed very unsure of themselves, and our backrow of R. Blackwood, H. Holliday and Captain A. Fallowfield were destroying their three-quarters. The "Club" as Blackheath like to be called, scored first, in the first 10 minutes, with a dropped goal from behind a scrum on our 25. Guy's however scored quickly with two penalties, kicked over by M. Danford. This score 6—3 to Guy's remained until 5 minutes before half-time when Blackheath scored a quick try at the corner flag.

In summary up to half-time Guy's were containing Blackheath. There were certain parts of the game which were setting ill omens for second half. The possession for Guy's was decreasing throughout the half. Blackheath centres, although dropping the ball a lot, were producing an overlap on the wings. Indeed it is much to the credit of R. Barough fly-half and centres S. Horsley and T. Druette who were tackling most ferociously and obviously worrying their opponents.

The second half began very well for Blackheath; they scored 11 points in 15 minutes, all coming from loose balls which had not been killed. The rest of the second half, Blackheath gradually built up their score. The boiling heat gradually overcame Guy's and further mistakes with the loose ball allowed this rather uncomplimentary score to be made.

Finally it must be said, that there were several aspects of Guy's game which provide great hope for the future. The forward play was very sound with strong performances by D. Stewart and T. Addison, props K. Rigg and R. Burt at second row. The Captain, Tony Fallowfield, played most aggressively and only just missed a try in the first half; unfortunately he subluxed his shoulder, which slowed him down during the second half. H. Holliday had an outstanding game at number 8, so did R. Blackwood at wing forward.

Much work has to be done on the team, particularly on line out play and the 3's. Above all the level of fitness must be increased. Irrespective of this score there can be much hope set for the future as there is great potential in the side.

Team:—M. Danford, M. Coe, T. Druette, S. Horsley, T .Higenbottam, R. Barough, D. Merrett, R. Blackwood, H. Holliday, A. Fallowfield (capt.), K. Rigg, R. Burt, D. Stewart, T. Gibson, A. Addison.

GUY'S HOSPITAL R.F.C. 1st XV FIXTURES, '70–'71

Sept. 26.—O. Askeans. H.O.P.

Oct. 3.—U.S., Portsmouth. H.O.P.
,, 10.—Cambridge University. Grange road.
,, 17.—Tredegar. H.O.P.
,, 21.—Loughborough College (Wed.). Loughborough.
,, 24.—Oxford City. H.O.P.
,, 31.—Sidcup. Sidcup.

Nov. 7.—O. Blues. Fairlop.
,, 14.—Bedford. H.O.P.
,, 21.—Rosslyn Park. H.O.P.
,, 28.—Cheltenham. Cheltenham.

Dec. 5.—Streatham Croydon. H.O.P.
,, 12.—O. Cranleighans. H.O.P.
,, 19.—Esher. Hersham.

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1971

Jan. 9.—Plymouth Albion. H.O.P.
„ 16.—Taunton. Taunton.
„ 23.—Devonport Services. Devonport.
„ 30.—Met. Police. H.O.P.

Feb. 6.—Coventry. Coventry.
„ 13.—St. Vincents. Dublin. England v. Ireland.
„ 20.—L. Irish. H.O.P.
„ 27.—Exeter. H.O.P.

Mar. 6.—Old Alleynians. H.O.P.
„ 13.—Nuneaton. H.O.P.
„ 20.—Gloucester. Gloucester.
„ 27.—Cambridge City. H.O.P.

April 2.—Old Whitgiftians. South Croydon.

REPORT ON 1970 CRICKET SEASON

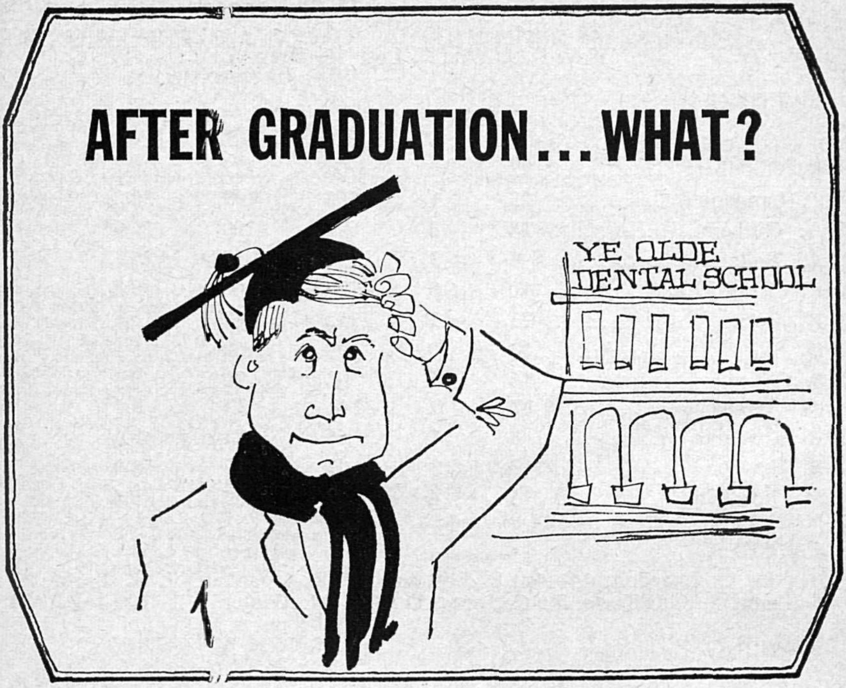
The 1970 Guy's cricket season was thoroughly enjoyed by all who participated. Unfortunately, many people could not make themselves available regularly, and as a result, a regular, balanced team was never obtained.

The brunt of the bowling was borne by Fordham and O'Keefe, who both bowled very well throughout the season. It was a pity there were not more bowlers available of their class, because they had to bowl in longer spells than is best, but, on the whole, they bowled very well and tirelessly.

The fielding was generally pretty good. S. Bowden was highly efficient behind the stumps. C. Langdon, R. Goodhart, R. Clifford-Jones and R. Burns also fielded very well.

The batting was rather disappointing. Apart from Goodhart, Langdon and Gillham, the batting was very inconsistent, and, as a result, the side recorded too many low scores, when theoretically the batting line-up was strong. The reason for the inconsistency was probably lack of match practice, and therefore to play cricket successfully, and to have a strong side, people must be prepared to play regularly.

Finally thanks must be paid to R. Burns (Secretary) for his work in obtaining players and running the club efficiently, and to R. Goodhart, whose captaincy was effective and knowledgeable.



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GUY'S HOSPITAL CRICKET CLUB

1st XI Averages for 1970 Season

Played 29, Won 7, Lost 16, Drew 6.

BATTING

	Ins.	N.O.	Runs	H.S.	Av.	50's
R. Goodhart	22	2	704	122	35.2	5
C. Langdon	23	1	666	109	30.2	5
A. Gillham	28	3	674	100*	26.9	5
A. Holland	8	3	126	57*	25.2	1
R. Clifford-Jones	10	0	193	60	19.3	1
R. Burns	23	3	312	47	15.6	
D. Silk	13	0	197	60	15.1	1
S. O'Keefe	16	6	93	20	9.3	
M. Winter	17	0	148	29	8.7	
B. Rowlands	8	1	56	21	8.0	
S. Bowden	13	3	49	17	4.9	
M. Fordham	15	4	9	3	0.8	

*Not out.

CATCHES

16, C. Langdon; 14—4st. S. Bowden; 13, R. Goodhart; 7, R. Burns, A. Gillham; 5, S. O'Keefe, R. C. Jones, D. Silk, M. Winter.

BOWLING

	Overs	Mdns.	Runs.	Wkts.	Av.	4 or more wkts. in Match
M. Fordham	269	52	878	59	14.8	6
S. Davoodhboy	87	18	242	16	15.1	2
R. Henriques	56	10	197	10	19.7	1
S. O'Keefe	286	62	940	47	20.0	7
M. Winter	129	15	494	24	20.5	2
R. Goodhart	201	46	625	27	23.1	2

Winner of batting award—R. Goodhart.

Winner of bowling award—M. Fordham.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the post of **Registrar** in Ear, Nose and Throat Surgery for the period 1st October, 1970 or as soon as possible thereafter, until 30th September, 1971. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1 not later than **3rd October 1970.**

GUY'S HOSPITAL

Applications are invited for the appointment of **Registrar** in Anaesthetics to the Guy's Group of Hospitals for the period 1st November, 1970 to 30th September, 1971. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1. not later than **7th October, 1970.**

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CHANGES OF ADDRESS

Dr. A. Aynsley-Green M.B., B.S., M.R.C.P., 36 Plane Tree Way, Kensington Gate, Woodstock, Oxford.

Mr. and Mrs. R. J. Beacham, Rosewood Cottage, Kiln Lane, Wooburn Common, Buckinghamshire.

Dr. and Mrs. A. P. Blower, The Old Vicarage, Helpston, Peterborough. Tel: Glinton 249

From 1st October, Dr. and Mrs. J. E. Davies, 9 Church View, Baglan, Port Talbot. Tel: Briton Ferry 3275.

Dr. and Mrs. J. M. Forsythe, c/o Department of Epidemiology, The University of North Carolina, Chapel Hill, N.C.27514, until June, 1971.

Dr. P. W. Hayward, Daru House, Lane End, Dunchurch, Warks. Tel: Dunchurch 449.

Dr. and Mrs. F. Ingram, "Peakfield", Gravel Castle Hill, Barham, Canterbury. Tel: 0227 82 629

Mr. and Mrs. R. W. T. Myall, Faculty of Dentistry, The University of British Columbia, Vancouver 8, Canada.

Dr. John F. Searle, 8, Acland Crescent, Denmark Hill, London, S.E.5.

Mr. and Mrs. J. T. N. Williams, Wood Green, Astley, Stourport-on-Severn, Worcs. Tel: Stourport 2506.

BIRTH

DAVIES—To Clare (née Stannard, M.B., B.S.), and Ivor Davies 23, Lovers Walk, Rondebosch, Cape, South Africa, a son, Hugh Anthony, on 16th June, 1970.

PAPERS BY GUY'S MEN

Adams, C. W. M. Growing points in cell pathology: histochemical aspects. *Proceedings of the Royal Society of Medicine*, 1970, **63**, 960.

Calne, R. Y. and another. Survival after orthoptic liver transplantation: a follow-up report of 2 patients. *British Medical Journal*, 1970, **3**, 436.

Cremin, B. J. Infantile thoracic dystrophy. *British Journal of Radiology*, 1970, **43**, 199.

Cremin, B. J. and another. Rectal bleeding due to Trichuris trichiura. *British Journal of Radiology*, 1970, **43**, 214.

Dixon, A. St. J. and another. Intra-articular pressure in rheumatoid arthritis of the knee. III Pressure changes during joint use. *Annals of the Rheumatic Diseases*, 1970, **29**, 401.

Dixon, A. St. J. and others. Peri-articular calcific deposits mimicking acute arthritis. *Annals of the Rheumatic Diseases*, 1970, **29**, 380.

Dixon, A. St. J. and others. Valvular mechanisms in juxta-articular cysts. *Annals of the Rheumatic Diseases*, 1970, **29**, 415.

Grahame, R. The extra-articular manifestations of rheumatoid disease. *Physiotherapy*, 1970, **56**, 395.

Lehner, T. and Lyne, Cynthia. Adrenal function during topical oral treatment with triamcinolone acetonide. *British Dental Journal*, 1970, **129**, 164.

Lessof, M. H. Antilymphocytic serum—the possible clinical applications. *Proceedings of the Royal Society of Medicine*, 1970, **63**, 954.

Polani, P. E. Growing points in cell pathology: cytogenetic aspects. *Proceedings of the Royal Society of Medicine*, 1970, **63**, 955.

Rees, R. J. W. The Kveim test in leprosy. *Postgraduate Medical Journal*, 1970, **46**, 486.

Ross, D. N. Fascia lata replacement of the heart valves. *Proceedings of the Royal Society of Medicine*, 1970, **63**, 946.

Sells, R. A. and another. Preservation of cadaveric kidneys for transplantation. *Lancet*, 1970, **2**, 539.

Wells, R. S. Chronic oral candidiasis (autosomal recessive inheritance) (three cases). *Proceedings of the Royal Society of Medicine*, 1970, **63**, 890.

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GUY'S HOSPITAL GAZETTE

EDITORS S. M. KILPATRICK and N. D. S. BAX
SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2145

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Your Health in their Hands

Yet another incongruity exposes itself in Britain this week. When the "Torrey Canyon" fell to pieces off the coasts of Cornwall and the Scilly Isles there was a tremendous public outcry about the fate of sea life. Now it seems, after many years of trying to clean up the rivers in this country—so much so as to enable fish to live in the Thames at the London Docks—we are quite prepared to put untreated sewage into these same rivers.

The reason for this is because the sewage workers are on strike over a dispute about more pay. The leader of the G.L.C., Mr. Desmond Plummer, says that if the sewage pumping stations do not continue working, some low lying streets run the risk of being flooded with untreated sewage. People who lived some years ago expected the streets to be full of waste and maybe even played games like "dodge the falling pail". The epidemiologists will tell us that this is no longer a game.

Every week it seems that some sector of the public service workers disrupts the life of many thousands of people. Everybody would like greater rewards for their work and nobody denies that those jobs which, because of their nature, the majority of people would not wish to do, should pay in relation to their "non-appeal". It is, however, the use of such a loose phrase as this that highlights the difficulty in assessing how much sewage workers and dustmen and their colleagues should be paid. It is sad that reasoned discussion no longer plays much part in the settlement of wage claims. The need to control inflation is always forgotten when people are literally in some instances fighting for more money. Ideally, one would like to see pay increases automatically given corresponding to increases in the cost of living. But it is not as if everybody involved in the present dispute is trying to get a realistic living wage. The abundance of brotherly solidarity at the moment suggests that it is not just a struggle for survival that is keeping the council workers on strike, but that there is something more sinister at work.

One can only hope that by the time this *Gazette* is published the dispute will have been resolved and the enormous health hazard removed.

Come Forward

In an effort to raise money for a new boat, a Guy's Hospital Boat Club IV will row next Sunday from Oxford to London Bridge. Although downhill all the way, this will still be a considerable feat and one that deserves further recognition. Instructions as to the best way of providing this recognition can be found in the Correspondence Columns of this *Gazette*.

OBITUARY

Colonel D. C. Scott, C.B.E.

Donald Charles Scott died on 10th September, 1970, aged 81. He entered Guy's Hospital Medical School in October, 1908 and Guy's men who were students of that period will remember his striking figure, he was 6ft. 4ins. in height, and his charming personality. He qualified with the Conjoint Diploma in October, 1914 and immediately joined the R.A.M.C. After a few months in England he went out to Gallipoli, and took part in the landing at Suvla Bay. Later he served in France on the Somme as a Regimental Medical Officer and was gassed late in 1917, but returned to duty the following year. After the war he served alternately in India, the Rhine and again in India when he was Surgeon to Sir Frederick Sykes, the Governor of Bombay.

In the late War he served in Egypt and the Sudan and was awarded the C.B.E. After the war he commanded the Military Hospital near Johannesburg which was visited by H.M. King George VI during the latter's South African tour. After an interesting and at times strenuous career in the Army he retired in 1948, but continued professional work in a civilian capacity for several years.

In his student days he was a keen oarsman and won many sculling races on the lower reaches of the Thames.

GUY'S DIARY

OCTOBER

12	M	1.00	*Clinical Lecture.* *Professor W. G. BURROWS, M.D.* "Sexual Variety on the Campus and Elsewhere".
13	Tu	1.00	Clinical Lecture. Mr. LEWIS. "Gynaecology in a Permissive Society".
16	F	1.00	Clinical Lecture. Professor BUTTERFIELD.
		2.15	Combined Round in Pre-Clinical Classroom. Speaker: Dr. LESSOF. Chairman: Dr. BARKHAN.
		4.00	Transplant Lecture in Clinical Theatre. Mr. ELLIS. " Immunosuppression ".
20	Tu	1.00	Clinical Lecture. Mr. BLACKBURN. "Gastro-Intestinal Bleeding".
		5.00	Inaugural B.M.A. Lecture in Physiology Theatre. Professor D. W. SMITHERS. "The Natural History of Hodgkin's Disease".
22	Th	1.00	Clinical Lecture. Dr. HARDWICK.
23	F	1.00	Clinical Lecture. Dr. MacLEAN.
		2.15	Combined Round in Pre-Clinical Classroom. Speaker: Dr. HUNTER. Chairman: Dr. ABRAMS.
		4.00	Transplant Lecture in Clinical Theatre. Mr. M. BEWICK. "General Management".

THE MEDICAL REFERRAL CLINIC AT ST. OLAVE'S

On 9th March, 1970, a Medical Referral Clinic was started at St. Olave's Hospital. The object of the Clinic is to enable local general practitioners to refer patients about whom they are worried, and receive an opinion by letter or telephone within 24 hours. The Clinic is held each weekday between 11.30 a.m. and 1.00 p.m. by a medical registrar and two S.H.O's. in rotation. X-ray, electrocardiographic and simple laboratory facilities are available for assessment of patients. They are then either admitted to the ward, referred to the appropriate out-patient department or returned to their own doctor. Never are they seen twice in the Clinic unless accompanied by a new letter of referral. The Clinic is not intended as a means of disposal of "chronic patients" which every general practitioner has on his list, nor as a way of by-passing the normal methods of admission to a hospital bed. The emphasis is on speed of communication and it is hoped that some of the apparently interminable delays that exist in obtaining out-patient appointments will no longer be a source of annoyance and frustration to the family doctor.

The modes of disposal of the first 200 patients referred by 35 doctors are shown in the table below.

Admissions	**74**	Medical	45
		Surgical	19
		Psychiatric	3
		Gynae.	2
		Paediatric (Evelina)	5
Out-Patients	**32**		
Returned to own doctor	**94**		

The high proportion of admissions suggests that either local doctors were particularly astute in sending up the right cases or that the normal channels for admission were being neglected. I suspect that both factors operated, and would like to think the former far outweighed the latter.

The advantage of such a Clinic to the doctor in practice is a quick second opinion, to the registrar in hospital an opportunity to evaluate sick people in the front line and actually make a clinical decision, and most important of all to the patient, that his illness can be attended to as quickly and efficiently as his condition demands.

That such a scheme can work in a teaching hospital is admirably shown by a larger clinic which has been running at St. Thomas's Hospital for several years with support from a vast number of family doctors.

John Powell-Jackson.

HOSPITAL NURSING—PROBLEMS AND SOLUTIONS

by

Michael Conran

"Solutions exist only in relation to problems devised by men who have built solutions into them". Before we dismiss this assertion as cynical, it will repay further attention. We are, for instance, in no doubt as to its applicability to the delight of our children as they complete a jigsaw puzzle; and to our own satisfaction as we solve a crossword. We take pleasure in our ability to recognise when sudden darkness can be traced to a burnt fuse, and when we are skilled enough to reinstate the electrical circuit. Men have dreamt of visiting other planets, yet only in recent times has the *dream* become a *problem*, as the means to its realisation came to hand. Until the solution became available, it remained a dream. Here we must take note of the emotional accompaniment of problem solving. Delight, satisfaction and pleasure were the rewards to the common examples given. Triumph will attend accomplishment of the last.

In each of the instances cited, the emotional reward of solution was preceded by tolerable anxiety. The reduction of such anxiety through success, the discharge of tension with or without subsequent resting upon laurels, can be seen—both in the individual and the group—to be a cyclical function, and it can be traced to the infant's earliest anxiety: to satisfy its hunger. Since this early problem was solved at the breast (or its equivalent), with satisfactions for both mother and child, we now enter into the area of human relationships, that area wherein satisfaction is given and received, wherein *intolerable* anxiety is mitigated. So relevant is this to the subject of this essay, it merits closer scrutiny. Since the earliest relationship is a growing and evolving one, this fact alone foreshortens it. The breast does not go on refilling with milk, and teeth develop. It is in this early context that love and hate grow apart. The first separation of mother and child is attended by primitive feelings of grief. As these feelings can be contained, the way becomes clear for the relationship to enter upon more sophisticated phases, so that phase succeeds phase, until the adolescent "bites hard" for the last time, "makes his last mess", and leaves mother to find another home of his own.

A hospital is, in the first instance, a place of asylum affording hospitality to a sick person. We, as doctors, may be concerned to distinguish between brief hospitality and long-term asylum; but this is a matter of no immediate concern to a suffering person. Whatever getting better means to him, entering hospital is being helped when he is helpless; and the hospital is a place wherein he is allowed to have his illness. Implicit in this is the removal of his doubt that he is ill, of his doubt that his helplessness will be acknowledged, and of his doubt that others will care for him in his helplessness. That these doubts add up to intolerable anxiety, which is largely discharged by the mothering acceptance of the hospital, is only fully appreciated by one who has known this predicament.

Asylum or hospitality—or hospitalisation, to use the jargon of our time—is afforded by a furnished building and by women called nurses. The title nurse derives plainly, as does her function, from nursing mother, and has its origin in mother's primary functions—feeding, comforting and the removal of excrement. It is to mother the sick that girls leave home and come to hospitals to nurse. It is to continue mothering, to teach and to guide it, that those who do not marry, stay, become ward sisters and matrons. There is no shame in this. Without unduly labouring the point, nurses have to endure round the clock that which most of us find tedious and quite disagreeable. It will not have escaped notice that the patient's helplessness reduces him to a state of dependency upon a woman even as to his early infancy; and it is from this woman that he seeks and finds comfort. The baby in him yields in his dependency into a relationship which is as complex and as fruitful as the earliest he knew. As he recovers, his dependency lessens, he becomes difficult in a more adult way, until separation ensues. Here it must be noted that there is truth in the old saying "good patients die: bad patients get well and go home". That the discharge of suffering *into* the nurse, along with the comfort she brings, is itself the satisfaction she seeks, may be lost to those of us who but momentarily witness it. Little wonder if we fail to recognise the part it plays in the patient's recovery *sine qua non.*

The complexity and magnitude of feeling exchanged between patient and nurse is unknown to anyone who has not nursed and is therefore apart from the experience of doctors. So bold an assertion requires further explanation. There is, in every doctor's encounter with a patient, some freedom of choice. There is the freedom of the general practitioner to choose to refer his patient to a specialist. He has a second choice in selecting the specialist. The specialist is primarily selective in his choice of speciality, secondarily in his manner of disposal. Disposal may be by return to practitioner; or through a choice of outpatient or inpatient therapies. Choice in these matters is determined by a resolution of variables, collectively called clinical judgment. It depends upon the interaction between the specialist's whole personality (including his skill), and his patient's whole personality (including his disease). The consultant retains a further range of choice—to change his mind. It requires but a moment to realise that the nurse in hospital has, except within a very limited working range, no such comparable freedom to choose. She must accept, and relate to, a personality chosen for her, and to implement treatment as directed. She must therefore render to both her patient and to his doctor a receptive personality. Moreover, the amount of time which a doctor affords for exposure of himself to his conscious patient is not only a function of his own choice, but probably never exceeds an hour in the day—indeed it is doubtful if it commonly attains an hour in a week. By contrast, the nurse is exposed, without choice, to all manner and severity of suffering, often in continuous intimacy, day following day, for working periods of seven hours and more. This is a total experience of which the doctor is wholly deprived; and therefore about which he can only learn from independent sources—unless he abandons his role and undertakes an extended tour of duty as a nurse. The intensity and quality of the feelings aroused in, and tolerated by, the nurse, evoke such levels of anxiety that special methods of psychological defence are invoked by nurses as the only way of sustaining the relationship at a professional level (Menzies, 1961).

Nurses, like mothers, frequently cannot talk so well as they can do. Moreover, the exigencies of their work precludes them from effectively espousing their needs. Like mothers, they look to their men to attend to their needs in relation to society. As mothers to their husbands, so nurses have traditionally turned to doctors for help and support. Hospitals have, throughout their recent history, carried out their work upon a basis of partnership, of doctor-nurse "marriages"; between Superintendent and Matron, consultant and ward sister, junior doctor and junior nurse. The social zenith of the medical profession was a time of diagnostic expertise. Skilled and devoted nursing was the agent of healing and there was mutual respect between doctor and nurse. The doctor diagnosed pneumonia : the patient's recovery was a matter of nursing skill. There was, at this time, no difficulty in recruiting nurses, albeit their pay and conditions of employment were such as we should now find ludicrous; and doctors enjoyed a social esteem and reward since unsurpassed.

The triangular relationship of doctor, nurse and patient thus contrived to define roles quite clearly, paralleling the earlier father-mother-child relationship whence the patient had come, and back into which his illness drove him. The doctor valued but did not seek to interfere with the nurse's mothering which, at its best, was *devoted*. There was no alternative. Yet the nurse was pleased to have this man husband her working life, to share with him her feelings of anxiety and despair, to guide her towards a realistic expectation of the outcome, and to take upon himself that unpleasant (for the nurse) task of mother-child separation we call discharge.

Shortly before World War II a change which had loomed since the time of Ehrlich, entered upon this situation. Chemotherapy, to be overtaken by antibiotic therapy, enabled the doctor to put into the nurse's hand an instrument which curtailed both her and her patient's suffering. Moreover, since the new agent was inanimate, its effect was more optimistically predictable than the variable quality of any nurse's devotion. This was not all. The proper use of the new agent depended upon measures of laboratory control which heralded the intrusion of emotionally uninvolved professional ancillaries into the clinical scene, and which is now so familiar a part of hospital practice.

It is no part of our purpose to chart the accelerating evolution of technological intervention within our hospitals. Neither is it germane to this discourse to prove that the Sulphonamides and Penicillin were the first harbingers of the new era. It is sufficient that the change took place after 1935, and that the momentum of technological intervention has been overwhelming. We are required to ascertain its effect upon the triangular relationship which is so central to the hospital's existence. It is not suggested that there is anything wrong with a technology which facilitates the amelioration of suffering, so long as that is really and only what it does. For it has to be borne in mind that it is the patient's hospital. It does not exist for anybody else.

Human disease, it seems, changes. If so, human suffering does not. There has never been a suggestion that the anxiety which a patient brings into hospital has altered as a result of technological innovation. Pain is still pain, and helplessness evokes the same response to succour. Our patients still seek and secure the shelter of the fundamental triangular relationship of the ward. "I have faith in you" remains their daily declaration of confidence. But where, we must ask, is the confidence which doctor and nurse have in themselves and in each other? Nursing, in its fundamental mothering sense, is not technological; and it is no longer accepted as the means by which a sick person gets well. Devalued in what she, and only she, can bring to her patients as a woman, she devalues these capacities in herself. Bit by bit she feels these abilities to be mere drudgery, and increasing complaints are heard that she should not be doing this and that. Nursing is no longer regarded as doing everything in a ward for patients, but the implementation of procedures for which, she is now told, she must acquire technological training and a bachelor of science degree. What kind of girl will be attracted into nursing which proclaims that nursing-as-mothering is an unrewarding drudgery which plays but a minor part in the treatment of patients? It is unhappily too commonplace that a student nurse declares that she feels valued by her patients, but by nobody else. Yet the anxiety and suffering that she must accept and endure is no different. Her thoughts and opinions about her patients are now discounted, and worse, unheard. The unhappiness felt by the junior nurse is today, but one declaration of the hierarchies of dissatisfaction in our hospital wards, and which finds eventual expression in widespread criticism of nursing training and administration. The devaluation of our nurses and its effect upon hospital staffing has been starkly documented in a recent report (Revans, 1964). Forty per cent of our ward sisters feel their own doctors depreciate their experience and reject their suggestions. Hospitals which cannot keep student nurses, cannot keep staff nurses, ward sisters and domestics. Moreover their patients stay longer in hospital, and they have longer waiting lists. Revans attributes this, and much more besides, to inadequate communication in the context of adjustment to change. It is by investigation of the nuclear triangular relationship of the hospital that we now address ourselves to this matter of communication.

A father who interferes in the relationship between mother and child imperils both his marriage and the emotional health of his child. There is a world of difference between this and bringing knowledge and technological assistance to his wife, for her to use as she is best able. But she has to be allowed to adjust to new ways in her own time, always remembering that these things are only accessory to her primary nursing relationship with her child. Once mother allows father to supervise, she doubts her own capacities, and her doubt is disastrously conveyed to her infant, who understands nothing beyond his own and his mother's feelings. Yet it is just this state of affairs which is overtaking hospital medicine. Doctors know more and know better, and nurses can no longer speak their language. Furthermore, the practice of doctors descending upon a ward with a platoon of colleagues, inhibits free intercourse between doctor and patient and between doctor and ward sister. Technology is no longer the servant to their relationship; rather, the doctor is slave to technology. Little wonder there is a state of emotional estrangement between our doctors and nurses.

Technology, it will be said, is with us. Even if it were not, there is no reason to incriminate it, as if kicking the washing machine ever helped a ruined marriage. The writer has himself found that the most unorthodox innovation can be introduced into a ward provided that doctor and ward sister share an unassailable feeling of mutual respect and interdependence. Furthermore, in this atmosphere, staff and student nurses can withstand more than average anxiety, and conspicuously do not wish to move elsewhere. But it has to be made clear that this is not a recipe which spares the doctor. Once he has won her confidence, he becomes the butt of all grievances, unreasonable as well as reasonable. He may be loved and admired, but he will be also, by the same token, at times hated and despised. There will be days when he leaves his ward filled with feelings of anxiety and despair; only to discover that he has taken away—siphoned off as it were—the intolerable load of anxiety which his staff was experiencing and which had its origin in his patients' suffering.

The doctor has to be able to speak and to speak up for his ward sister's needs, which he will identify as being his patients' needs also. He has to be able to make his own needs understood to the most novitiate student nurse and to remain as sensible to her feelings as he would to his own sister or daughter. Above all, he has to be able to listen, and at the risk of uttering a terrible heresy, it may be even more important that he listen to his nurses than to his patients. As it is easier for a child to convey his feelings to father through mother, so it is frequently easier for some patients to disclose their symptoms to a nurse than to a doctor.

It is pertinent at this point to reflect upon the Intensive Therapy Unit, which has been the natural outcome of technological change. "Intensive therapy means continuous treatment given in a unit by a specifically trained, permanent team of nurses and doctors" (Jones 1967). The very high aims which the staff set for themselves in these units, alone determine a continuity of relationships between patient, nurse and doctor. That this relationship is of exceptional intensity has been revealed in reports from such units, particularly those given to renal dialysis, wherein chronicity and permanence go hand-in-glove (Cramond et al 1967, Cramond et al 1968, Menzies and Stewart 1968, De-Nour and Czaczkes 1968). It is no exaggeration to say that these units depend upon a particular *esprit de corps,* in which the nurse has recovered some equality of status, emphasis being placed upon the need to keep her with the patient instead of putting her behind numerous dials (Jones 1967, Gardner 1967). Furthermore, there appears to be little difficulty in recruiting nurses into these units. It is ironical that the ultimate refinement of technological medicine may prove the means of restoring the therapeutic triangle, by obliging nurses and doctors into a closer understanding of each other's needs, as a result of intensive care of a limited number of patients for very long periods of time.

The mainstay of our essay has been the devaluation of nursing-as-mothering, a devaluation in which the doctor is, to say the least, involved. It will not do, however, glibly to leave it at that. He is neither knave nor fool, and his predicament demands some attempt at elucidation.

Since 1914 we have, in Great Britain, lived in an increasingly insecure world. The social esteem of the doctor found its peak in late Victorian and Edwardian times. This was a time of national security, of gilt-edged stocks and the Royal Navy. If the *Titanic* did not prove unsinkable as prophesied, then the British Empire seemed inextinguishable. Especially since 1939 our security has remained in jeopardy, first militarily, then economically. An effect of this has been to produce and sharpen a division in society between those whose work carried them to the forefront of struggle for national survival and those less gallantly engaged. The division between the man in uniform and in a reserved occupation is now translated into those productively employed and others. An elite is to be found across the classes; among those producing manufactured goods. A clear division has been made between productive and service industries, and a special tax invented to accentuate further the social division. Since our medical services are financed from the same Exchequer which devised the discriminatory tax, it is not difficult to see that doctors may feel persuaded of a need to justify themselves in terms of productivity. The growth of medical technology, with its logarithmically ascending costs, has lent further impetus to this need.

The only way by which medicine can be measured as ancillary to national productivity, is by relating capital investment in the National Health Service to sales and profits per patient-employee. If we agree to dismiss this proposal as an absurd negation of medicine, then we may have to resign ourselves as engaged in a service industry, perhaps not unlike a laundry and repair service. Such an industry has to show that it gives a suitable return on capital investment or face extinction. Since these arguments logically place a premium upon the paediatric and casualty services, to the virtual exclusion from medical care of anybody over the age of 55, we ought to be able to dismiss the industrial parallel from further consideration. Yet there is a lingering doubt, and doctors are besieged by a need to justify themselves through results numerically expressed in controlled clinical trials. A dire consequence of this ethic has been that phenomena which cannot be expressed numerically, and valued statistically, are no longer held to merit serious investigation. It seems inevitable that as Treasury coffers dwindle, doctors will have to make do with less, not more, of National Cake, apportioning it in ways which require a radical reconsideration of needs. A clue to the proper expression of these needs is again to be found in the Intensive Therapy Unit. In these units there is so far no satisfactory way of measuring results in controlled studies. Jones (1967) has therefore drawn up an array of *qualitative* results. Is it mere coincidence that he divides his results three ways between what he calls *"Results for the Patient"*, *"Results for the Nurse"*, and *"Results for the Doctor"*—in that order?

The doctor's predicament is threefold. He cannot attract and retain nursing staff. He works within a shrinking economy: and he is at the mercy of an accelerating technology growing ever more costly. Since he is impotent to affect the second and unwilling to influence the third of these bed-fellows, he must lie with them. However, if he does not arrest and reverse the erosion of his nursing services, he and his patients will not have a hospital service at all.

A call to arms is less effective as a means to national defence than conscription. Correspondingly, hard proposals will be needed, and mere evocation will not suffice. Unfortunately, we can only help those who wish to be helped, so it behoves us to steer our proposals between the Scylla of enforcement and the Charybdis of indifference. Moreover, proposals must come as invitations; and should prove more acceptable when personified, as from the Minister of Health, than when issued in a quasi-military style from his office or his agents. Tact will be the watchword of this operation, in every stage, and at every level in the hierarchy.

Since nurses are recruited to work in wards, and since it is from wards that waste occurs, it is reasonable to invite the physician-superintendent (or his equivalent) and the matron of each hospital jointly to participate in an investigation of this problem in their wards. It should be stated that this problem will be investigated, for those accepting the invitation, in terms of doctor-nurse relationships, by regular weekly seminars or discussion groups lasting upwards of one hour. It will be understood that the participants will comprise consultants, their deputies, and ward sisters, in the first instance; again drawn together by personal invitation in groups of eight or ten, more or less equally distributed between doctor and ward sister. The seminar will be led by a doctor especially trained and experienced in work of this kind, recruited by the Tavistock Institute of Human Relations; and it will be for an unspecified period. Such seminars will freely examine any material which the participants choose to bring forward. Following the experience of other groups, including industrial organisations, it will be found very quickly that unrecognised interpersonal differences and difficulties emerge, which *within the secure privacy of the group* are resolved with a greater degree of mutual understanding and regard.

It is unlikely that a high proportion of hospitals will accept such an invitation. It is also unlikely that a high proportion of ward staff will agree to form groups and attend seminars. This is advantageous, since it affords a natural means for assessing the value of the undertaking in tangible terms. Nursing recruitment and wastage are readily measurable. There should therefore be a way of relating rising and falling recruitment to particular hospitals. Rising or falling wastage should, if possible, be related to wards within each hospital. It is not difficult to see that if pilot studies show a rising recruitment or falling wastage or both, in particular hospitals and wards, that considerable pressure will develop encouraging less willing doctors and nurses to accept the original invitation.

The proposal offered here has been deliberately kept brief, and it raises many practical problems. The implementation of such a proposal will require much thoughtful discussion between the Minister and his advisers, between the Minister and Regional Boards, and possibly even direct personal contact between the Minister and the first group of hospitals to be approached. His time could not be better spent.

Finally, where are the solutions? Do they exist? Or will they be discovered—as the arguments this essay have tried to demonstrate—intrinsic to the kaleidoscope of doctor-nurse-patient relationships within our hospitals? If so, we shall have to look; and, more important, learn to listen.

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NURSING SECTION

Nurses and Their Hours of Work

Once again the storm clouds can be seen to gather on the horizon, as it is announced that the nurses are to request a salary increase of fifteen per cent. Doubtless the Profession will be asked to debase itself still further by parading yet again in the streets of Westminster. Maybe in order to keep in line with all good demonstrators, someone will even write suitable words to the tune of "We shall not be moved".

However, whereas no one normally objects to the prospect of a greater financial reward, there is a rather more disturbing aspect to this announcement. In addition, a request is to be made for a reduction in working hours, not only to forty, but to thirty-eight a week.

No doubt, once the fight is over and the aims achieved, the nursing leaders will congratulate themselves on acquiring better working conditions for their followers. They will then pause sufficiently long to draw breath prior to embarking upon the next call to arms, and subsequent rounds of talks. Have they, one wonders, ever thought seriously of all this from another angle?

These leaders, secure in their 9 to 5 office jobs, are far removed from the problems of the wards. Not theirs, is the responsibility of ensuring that the nurses actually work the prescribed number of hours. In a ward with a complement of ten nurses, there will be forty extra hours each week to be accounted for. Who is going to bridge this gap?

It is an interesting fact that nurses are not on the whole aware that they wished to work less hours. From whence was this vital information obtained? as it would seem that many feel they have too much free time already. Unfortunately, the sickness of people does not usually conform to the standard working week. In fact, it usually occurs at the most inconvenient moments. Every time there is a reduction in working hours, there is a corresponding lowering of the standards of care. In proportion to this, there is usually a rise in the number of working hours for those senior members of the profession, who have a sufficiently active sense of responsibility to try and ensure that their patients are not totally neglected. The gap left by the student nurses is in fact filled by the ward sisters, who may have to work up to eighty hours a week to give adequate coverage.

At a time when recruitment at all levels is at a low ebb, is it not a demonstration of extreme lack of comprehension and foresight, to request a reduction of the working week? Most nurses are not obsessed by the number of hours they work, and if paid realistically would not complain unduly.

These leaders who talk their way so glibly through the ranks of bureaucrats, are clearly oblivious to the facts as they stand. Why have they not asked for the opinion of those actually involved? There is little joy in extra free time if one is so exhausted that sleep is the only practical relaxation.

There is a saying which one feels is particularly pertinent to this comment and which serves as a suitable conclusion.

> " Far too numerous are the herd of such,
> That think too little, and talk too much".

NOTICES

Guy's Hospital Junior Staff Committee

INAUGURAL B.M.A. LECTURE

The British Medical Association have kindly donated an Annual B.M.A. Lecture to the junior staff of Guy's Hospital. It has been decided that these lectures will be related to recent advances in medical knowledge, and presented by Guest Lecturers of appropriate distinction and authority in their field of work. Professor D. W. Smithers, of the Royal Marsden Hospital, will give the Inaugural Lecture on "The Natural History of Hodgkins Disease".

In the Physiology Theatre,

5.00 p.m.,

Tuesday, 20th October.

All members of the staff, junior and senior, are invited to attend. (Tea will be served from 4.15 p.m. in the Committee Room of the Medical School, by courtesy of the School Council.)

British Postgraduate Medical Federation

PAEDIATRIC COURSE

A weekend course in Paediatrics for General Practitioners and Local Authority Medical Officers will take place at the Evelina Hospital on Saturday, 31st October and Sunday morning 1st November.

Applications for a place on the course should be made to the Hospital Secretary, Evelina Children's Hospital of Guy's Hospital, Southwark Bridge Road, S.E.1. as soon as possible.

Guy's Hospital Dental Society

ANNUAL BALL

at The Hilton Hotel, Park Lane,

Friday, 6th November, 1970. 8 for 8.30 p.m.

Double Tickets £5 10s. 0d. from Sophie Bridge, East Wing,

5 Couples per Table. Please apply before 20th October.

CORRESPONDENCE

Guy's Hospital Boat Club

SIR,—The Boat Club which was in existence in 1846—in the time of Anthony Trollope—is attempting a very unusual feat.

On 18th October, a four is to row from Oxford to London Bridge. Apart from the distance of 113¾ miles, 34 locks have to negotiated, and the arrival at Teddington must be timed to catch the ebb tide. Part of the reason for this aquatic marathon is to raise enough money to buy a sorely needed boat and invitations are being made for sponsors for the trip at so much a mile. At even a penny a mile, it would cost the sponsor at most, 9s. 5¾d.—and possibly a good deal less! The Club is as much interested in creating a wide interest in this project as it is to raise funds, so even the most modest contributions will be welcome. Sponsorship forms can be obtained from the Captain, M. J. Gleeson or Secretary, G. Moulding in the East Wing.

JAMES MANSIE.

President,
Guy's Hospital Boat Club,
East Wing,
Guy's Hospital.

Jimmy Goodliffe

SIR,—I would like to join in wishing Jimmy an active and happy retirement. I am one of the countless fortunate Guy's men and other graduates, who owes his present position to Jimmy's happy knack of knowing so many people.

His value to many graduates, both from Guys and elsewhere, can never be measured. His was such a personal job that it was inevitable there could never be another "Jimmy"; nevertheless, I feel it is sad that his position is being absorbed into the Department of Post Graduate Studies and no effort is being made to continue Jimmy's "Unique" service to all comers.

Yours sincerely,

JOHN DAVIES.

Midsomer Norton,
Bath BA3 2HG.

Harvest Festival

SIR,—As one who has attended Sunday morning service at Guy's regularly during the last six years, I would like to say how beautifully the Chapel was decorated for the Harvest Festival Service last Sunday, the 27th September.

I felt much planning must have gone into these decorations, and an incredible amount of time.

Besides the usual fruit, flowers, and tinned goods, there was a glass of water on the altar, a piece of coal beneath it, a probationer's cap, a white coat and a stethoscrope.

The service, which was crowded, was beautifully taken by the Reverend Malcolm Osborne.

Yours sincerely,

F. J. PITTS.

7, De Montfort Road,
Streatham, S.W.16.

SPORT

SPORTS COMMENT

This week, Guy's has the pleasure of welcoming large numbers of new medical and dental students, as well as radiographers, physiotherapists and nurses. It will take a short time for them to be completely assimilated into our community. Indeed, such can be more completely and quickly achieved through encouraging them to join the many sporting clubs at Guy's.

The name of Guy's Hospital, besides the minor connection with medicine, is linked to one of the strongest sporting Colleges in London, if not in the country. Indeed, the Hospital boasts a first-class rugby club, the strongest athletic club in the university, the waterpolo champions of the university and the hockey champions. The list does go on, but due to shortage of space and the risk of boring the knowledgeable it will be curtailed.

Not only do Guy's people have some obligation to the sporting side of Guy's, but they do have an obligation to themselves. Probably the gravest misconception that new students have on entry, is that they must work solidly to further their careers. However, Guy's is an educational establishment and, as such, is intended to broaden as well as deepen students' outlooks. The hospital students' organisations provide a bewildering array of clubs to join. Many are good, but beware, do not ignore the sports clubs merely for the apparent originality of the various arts clubs. There are few of them which produce anything like the atmosphere and friendship of the sports clubs.

BOAT CLUB MARATHON

On Saturday, 18th October, the boat club is sending a "four" from London Bridge to Oxford. The boat will be rowed 113¾ miles. The idea is to raise money for a new boat : this is hoped to be obtained through sponsors donating a penny a mile. All are invited!

RUGBY CLUB

GUY'S v. OLD ASKEANS

H.O.P., 26th September. Result : Lost 9—17.

Guy's took to the field against a determined Old Askeans' side, on another sweltering afternoon. The pattern of the game had been fixed by the previous games this season.

The first half consisted of Guy's holding their own, indeed holding most of the possession from the tight and loose scrummages. The ball, however, was lost at the level of the half-backs or centres. O.A's. were not without their own troubles, their centres were being easily caught with the ball.

The half-time score was 9—11 against Guy's and it looked as if Guy's were again within striking distance of victory. However, again the collapse came. This time due to O.A's. utilising the ball behind the scrummages, and getting co-ordinated back movements going. It seemed then that the drive left Guy's, as the earlier strength was no longer evident.

D. Merritt should be commended on a fine performance at fly-half, his usual position being scrum-half. The back row gave a fine performance. Captain A. Fallowfield still had the shoulder injury from the Blackheath game.

Team: M. Danford, M. Coe, R. Barrough, S. Horsley, T. Higenbottam, D. Merrett, A. Crawford, H. Holliday, A. Fallowfield (Capt.), D. Stewart, T. Want, R. Burt, A. Addison, Y. Cembala.

GUY'S v. U.S. PORTSMOUTH

H.O.P., 3rd October. Result: Lost 12—19.

The first team again just failed to pull off this game. U.S. Portsmouth, always a big side, were not very strong this year.

The game started with Guy's kicking off against the wind and up the slope. U.S. Portsmouth got a quick drop goal under the posts, just behind a loose scrum. Guy's for ten minutes almost went to pieces. However, gradually the pack began to dominate the U.S. pack and Guy's moved back into their half. At half-time the score was 9—16, and the opposition had began to crack up.

The second half began with a real bang, Guy's pack scoring a beautiful try in the first few minutes. Then followed a long, sustained Guy's effort. The pack played really well, getting the loose ball back, and controlling the line-outs and scrummages. But Guy's were just unable to get over the U.S. line. In the last five minutes, the U.S. side pulled together and scored. With Guy's dying efforts to get back, no side was blown.

Particular note should be made of Guy's pack play; they were working as a machine again, using the ball, and getting it back. D. Barrough also had a good game at fly-half.

Team: M. Danford, M. Coe, J. Price, G. Langley-Smith, T. Higenbottam, R. Barrough, D. Merrett, H. Holliday, R. Blackwood, A. Fallowfield, A. Addison, R. Burt, C. Howell, Y. Cembala, D. Stewart.

GUY'S 2nd XV v. U.S. PORTSMOUTH

H.O.P., 3rd October. Result: Draw 5—5.

At the last minute, Guy's managed to get a side out, due to the great efforts of G. Voss (Capt.), who was still trying hard 15 minutes before the game. Indeed, there were 16 players available at kick-off.

Also should be mentioned the "Beers" players who, out of great kindness, turned out. Notably G. Reynolds (Beer's Captain), A. Scourfield and P. Matthews. P. Matthews scored a beautiful try and was tackling like a demon.

It is highly commendable that in the circumstances the side did so well.

GUY'S HOSPITAL R.F.C. 1st XV FIXTURES, '70–'71

Oct. 10.—Cambridge University. Grange road.
„ 17.—Tredegar. H.O.P.
„ 21.—Loughborough College (Wed.). Loughborough.
„ 24.—Oxford City. H.O.P.
„ 31.—Sidcup. Sidcup.

Nov. 7.—O. Blues. Fairlop.
„ 14.—Bedford. H.O.P.
„ 21.—Rosslyn Park. H.O.P.
„ 28.—Cheltenham. Cheltenham.

Dec. 5.—Streatham Croydon. H.O.P.
„ 12.—O. Cranleighans. H.O.P.
„ 19.—Esher. Hersham.

1971

Jan. 9.—Plymouth Albion. H.O.P.
„ 16.—Taunton. Taunton.
„ 23.—Devonport Services. Devonport.
„ 30.—Met. Police. H.O.P.

PRESENTATION TO MR. J. S. BATCHELOR, F.R.C.S.

This year Mr. Batchelor retired as President of the Rugby Club. As an appreciation of his great service and the debt we owe him, a presentation is to be made to him. As all rugby enthusiasts will recall, for many years Mr. Batchelor has been a source of advice and experience to the club. His dedication has involved him in attending most 1st XV matches and running the line at home fixtures.

The presentation is to be made at Honor Oak Park after the Tredegar match on October 17th. We hope that as many old and present rugby players will be able to attend.

THE BOXING CLUB

The Guy's Amateur Boxing Club has many distinctions, not least the advent of the centenary celebrations in 1972. Among the assets the Club has collected over the years has been the good fortune to have dedicated trainers. Few will now remember Alf Hewitt with his innumerable children and his incurable optimism when acting as a second. Some will remember the phlegmatic Matt Wells and Reg Tucker. However, it is open to all now at the Hospital to know Charlie Pocknell. It is largely due to his enthusiasm that Guy's still has a Boxing Club. Who else could carry his devotion to the extent of becoming proprietor of the Guy's Arms?

Training sessions are held, now the season has started, in the Pavy Gym on Tuesday and Friday evenings from 5 to 6.30. Those who intend to improve their technique and get to match fitness are specially welcome. Sparring is never compulsory; however the Friday session has a particular value for those frustrated by the week's work. One member of the Dental Department dedicated to conservation during the week regularly exorcises his frustrations on a punch bag.

Terry Reynolds is to captain the Club again this season; an inspiration to any club, he finished last season with an impressive display against a former A.B.A. Junior Champion at the Horseshoe, Tottenham Court Road. Other members who represented the Hospital last season were Carter Croft, Peter Murdoch, Bob Herbert, Bernard Gould, Eddie Bridges and a former captain, Terry Gibson in disguise.

Fixture lists these days are often a matter of eleventh hour adjustment, but it is hoped to visit Oxford, Cambridge, Sandhurst and Trinity College, Dublin. It is seven years since a Guy's boxing team visited Ireland, and it is high time memories were refreshed.

The Club is most grateful to Mr. J. W. Mansie, our President, for his continued support. At the Annual General Meeting, Mr. Durbin of the Medical School office, was elected a Vice-President. This is clearly a move to get influence in the very portals of power, let alone the corridors. The Secretary is to be Peter Murdoch in succession to Carter Croft who, in a sudden rush of blood to the head, has elected to have a quick three rounds with the examiners.

SQUASH RACKETS, 1970–1971

Last season the enthusiasm which has been built up in the club over recent years continued, with the result that we were generally successful in our 1st team "friendlies" and league matches. Unfortunately, we were unable to turn out consistently strong 1st and 2nd string players, resulting in our demotion to the 4th Division of the Cumberland Cup and our rather hasty exit from the Hospitals' Cup at the hands of St. Thomas!

With most of last year's regulars still available, we are hoping for more success this season. We also hope to see as many of this year's Fresher's as possible. The club practice is on Wednesday afternoons. ALL are welcome (regardless of experience) to come for coaching from team members or for trials for team places. We are also hoping for a good turn out on Tuesdays and Fridays at 5.00 p.m. for circuit training in the Pavy Gymnasium.

In addition, we have been very fortunate in arranging coaching sessions with Tony Swift, Assistant Secretary to the S.R.A. and one of the top players in the country. The first of these was in September, when he talked to a group of fifteen on the basic skills and demonstrated these at Tony Sutherland's expense. Four more sessions are planned for this term, details of which will be posted later.

Booking sheets for courts will continue to be posted on the notice board outside the changing room in the Pavy Gymnasium. The new sheet is posted at lunchtime on Friday for the following week. PLEASE, do not book courts unless you really intend to use them and, PLEASE, cancel courts you have booked, if you find you cannot play, someone else will be only too pleased to use the court! Furthermore, it was decided at the last A.G.M. to introduce a "10 minute" rule. In future, players who turn up more than ten minutes late for a court will forfeit the right to the court.

The club recommends that students buy their squash equipment from John Bennett & Co., 157-163, Old Kent Road. They have an excellent range of all the leading makes of equipment, are very helpful and give 10 per cent discount for members of the hospital.

For further information about the squash club, please contact one of the following:—

Jerry Owen (*Captain*)
John Lewis (*Vice-Captain*)
Edward Evans (*Secretary*)
Chris Ellis (*League Secretary*)

EDWARD EVANS.

SPORTSWOMEN AT GUY'S—A REPLY

One cannot allow to pass without comment the article in a recent edition regarding sportswomen at Guy's.

It is appreciated that this was directed at all the females, but since the nursing members of the community received such severe criticism, their case must be stated.

It is quite clear that the author in the first instance, has not studied the facts to any great depth. Although one would concede that not all nurses work on Saturday afternoons, the ones that do not, are all at that time partaking of their days off for that week, and have probably deserted the metropolis and returned to the bosoms of their families. Where, incidentally, some of them take up their hockey sticks and play ardently for their local sports clubs!

The average nurse has to tolerate a great deal of discipline whilst she is at work, and in addition, her duty times are not flexible. Is it not then reasonable to assume that when she has free time, she is unwilling to utilise it by conforming to yet more regulations?

In the case of trained nurses, participation in any activity which requires regular attendance is practically impossible. Invariably one finds that the very evening for which one has made plans is the one that is spoilt by the fact that to leave work on time becomes impractical.

The writer is quite correct when he states that sportswomen are frequently considered to be unfeminine. Who is it, though, that voices these opinions?

In conclusion, one must comment on the remark that the female of the species at Guy's is intent only on chasing men. To some of us, at least, the brawny, beer drinking rugger player does not represent the personification of perfect manhood! Can we then be blamed for taking our sporting activities elsewhere?

P. M. Jefferies

BOSTON MARATHON, SEPT. 20th, 1970

GUY'S IV: 4th in class of 24 crews, 4hrs. 25mins. 16secs., 21st overall—88 crews started.

GUY'S VIII: 12th in class of 19 crews, 4hrs. 23mins. 33secs., 19th overall.

The event—the longest rowing race in the world—was rowed along the river Witham from Lincoln to Boston, a distance 31 miles, it must surely be the ultimate test of stamina and sanity, more so this year when it took place in brilliant sunshine and a temperature of 81 °F. One or two competitors, from other clubs, were admitted to hospital with dehydration and exhaustion, but most were only very sore, tired and lighter (extremes of weight loss being 5lbs and 1 stone).

The current strength of our club was reflected in the entry of two crews for the first time in this race, and also in the result which does credit to all those concerned.

Tony Fenn, who rowed in the University of London Boat, and Tim Kirk, who coxed it, are to be congratulated on their very fine performances in winning the event.

GUY'S 1st Crew. Coxless IV.

Bow, P. Robinson; 2, P. J. M. Moulder; 3, M. J. Gleeson; Stroke, J. C. Miller.

This the senior of the two crews was severly hampered in their training schedule because of damage sustained by their boat, through no fault of their own, and the inefficiency of the organisation of the University of London Boat House which causes it to be shut from 1st August to the 9th October each year. In the course of the three-week training period prior to the event only two outings on the river were possible, and so daily gym training was carried out.

Despite the lack of water training the crew quickly adapted itself to the conditions and rowed very neatly. An inch by inch account would by necessity run into volumes. Besides in an event of this magnitude the crew just settled down at a steady rating of 21—22 strokes per minute and tried to dissociate themselves from the scene. Behind they could see the next few crews—three of which overtook us (2 VIII's and a IV) and every so often they could hear the chunk of blades entering the water which told them that they were about to overtake yet another crew.

Thirst was our one big problem despite the many bottles of Athlete's drink which Professor MacDonald had obtained for us. A message was passed to the shore support staff at the 16 mile mark and within minutes a gallon of orange was thrown into the boat.

Towards the end backsides started to ache, blisters burst and imaginations worked overtime contemplating that ice cool pint that was awaiting us at the finish. The crew spurted over the last half mile at 30 strokes per minute, and when the umpires bell rang out collapsed, each member making a resolution not to be anywhere near Boston next year. However by the time the bar was reached plans had already been made for the 1971 Marathon and a possible Guy's victory.

GUY'S HOSPITAL 2nd Crew. Shell VIII.

A sense of commitment and enthusiasm from a number of junior Guy's oarsmen, encouraged the Boat Club to enter a Junior VIII for the Lincoln-Boston marathon. A series of set-backs, and obstacles which prevented the crew getting any experience on the water, did not deter these intrepid oarsmen from training hard on land five days a week for three weeks, as the

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only preparation which was possible in the circumstances. It was with considerable foreboding that this Novice crew presented itself for the start of the race at midday on Sunday.

The "tactics", which had been carefully worked out beforehand i.e. "a gentle start, and then see what happens"; were suitably vague as the crew had never before boated together, but with remarkably good co-ordination, a blend of styles was quickly achieved which soon allowed a rise in rate from an initial 18 strokes per minute to a steady 24.

The first hour was uneventful, except for passing a few smaller boats, including a four which attempted to hold us off, but which we eventually shook off by a display of pressure before reaching the one physical break in the course, which necessitates removing the boat from the water, and making a portage round a lock. Unfortunately, we lost a moment or two in coming ashore as difficulty was experienced in coming alongside the bank. The four which we had passed, was able to slip in front of us and caused us to wait while they placed their boat in the water. We also passed, at this stage, a crew with an abandoned VIII which had become unusable due to a mechanical failure—such are the fortunes of competition. The Guy's crew, with blister precursors becoming more evident each stroke, felt, perhaps, that now was the time to be charitable, and to lend our boat, in true sporting style. But no, the boat was quickly launched for the remaining 23-mile stretch.

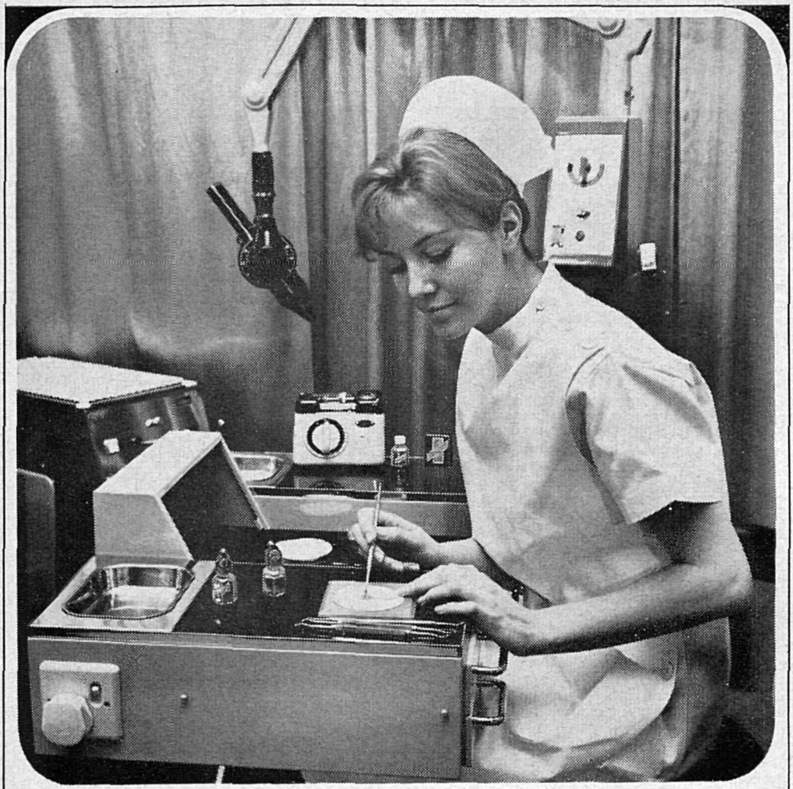
It was another hour before we again contacted any crew, and as novices, none of us was anxious to push the pace up in order to pursue such opposition as might lie ahead, knowing only too well that the most gruelling stage of the course was yet to come. Two VIIIs passed us at this stage, one of whom we were to overtake twice more before the finish, and we were also amused to watch the coxless IV which had previously slipped past us at the lock, meandering to and fro across the river, occasionally touching the bank, as the steersman battled with heat, sun and fatigue, not to mention a twisty part of the course.

In the third hour the crew were all very conscious that the four points of contact are all capable of becoming extremely tender. Stroke, indeed, boasted a film of blood over his handle, and others were in similar straights, but perhaps wishing to relieve the pressure on their weight-bearing parts, rather than to relinquish control of their blades.

The fourth hour came, and half-way through it the magic news came that we were only 9 miles from the finish! Spurred on by fresh zeal to reach Boston, which, we supposed, could be only just round the corner, the rate again rose to 26 for quarter hour or 20 minutes. But here we had to take the first of four stops, which, although brief, became closer together as fatigue and pain increased. The last two miles seemed to have no end, as we passed land-mark after land-mark upon which we had pinned our hopes of finding the finish. A further attempt to raise the rate finally pulled us past the bell on the umpires boat, and with what speed we could muster, reached the shore, and refreshment for our severely dehydrated and weary bodies. The crew, however, emerged determined to improve their performance next year!

At points on the course, considerable improvement in our style, determination and morale was due solely to the shouts from the few supporters, parents, friend(!) and our driver Gerry Wild—who made their presence felt at the most opportune moments during the brilliant afternoon. To them we must attribute no small part of our success. For this reason, if for no other, we will appreciate any support from the bank on 18th October.

Crew: Hugh Fuller (Bow), Nick Hopkins, Chris Price, Richard Newton, Geoff Bergman, Dave Preston, Bob Pinckney, Peter Stevenson-Moore (Stroke), F. Moorehouse (Cox).



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HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL AND SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to the two established vacancies as **Senior Registrar** in Ear, Nose and Throat Surgery to the Board of Governors of Guy's Hospital and the South East Metropolitan Regional Hospital Board, one to commence as soon as possible until 30th September, 1974 (the first term to 30th September, 1971 to be spent in the Lewisham Group) and one to commence 1st January, 1970 until 30th September, 1974 (the period 1st January to 30th September 1971 to be spent at Guy's Hospital). Applicants will be expected to spend one or two years in a Regional Board Hospital on an exchange basis during the tenure of the appointment. The appointment will be made jointly by the bodies concerned. The post which will be reviewed annually is subject to the Terms and Conditions of Service of Hospital, Medical and Dental Staff (England and Wales). Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hopital, London, S.E.1, not later than **23rd October, 1970.**

GUY'S HOSPITAL MEDICAL SCHOOL DEPARTMENT OF PHYSIOLOGY

Applications are invited from medical graduates for the post of temporary**Junior Lecturer** or **Lecturer.** The appointment is for one year with duties to commence as soon as possible. There are excellent opportunities for collaboration with Clinical Departments. Persons working for a higher degree would be considered. Salary in the range £1,730—£2,230 (Junior Lecturer) or £2,230—£3,105 (Lecturer) according to qualifications and experience plus £100 London Allowance. Applications should be made as soon as possible on a form obtainable from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

GUY'S HOSPITAL

Applications are invited for the appointment of **Junior Surgical Registrar** (S.H.O. Grade) for the period 1st November 1970 to 30th September, 1971. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital not later than **16th October, 1970.**

GUY'S HOSPITAL

HOUSE APPOINTMENTS

1st DECEMBER, 1970

Applications are invited for the following house appointments due to begin on 1st December, 1970. Forms of application are obtainable from and should be returned to Mrs. Webster, Administrative Assistant for Medical Staffing, Counting House, not later than 21st October, 1970.

The following house appointments will be for six months and normally will be open only to candidates applying for their first appointment and not to candidates seeking their second six months appointment;—

House Physicians	3
House Surgeons	3
Throat and Ear House Surgeon	1
Orthopaedic House Surgeon	1

The following house appointments will be for six months and will be open to candidates who have already completed their first six months appointment at Guy's:—

House Physician	1
House Surgeon	1

The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appointment at Guy's or elsewhere:—

Children's House Physician	1
Genito-Urinary House Surgeon	1
Thoracic House Surgeon	1

The following post-registration and S.H.O. appointments will be for six months:—

Resident Obstetrician (post-registration)	1
Casualty Officers (S.H.O.)	2
Senior House Officer to Nuffield House (S.H.O.)	1
Resident Anaesthetists (S.H.O.)	2

EVELINA HOSPITAL

Children's House Physicians (post-registration)	2

1 to commence 1.12.70
1 to commence 1. 2.71

ST. OLAVE'S HOSPITAL

House Physician (pre-registration) 1

Preference given to second six months candidate.

House Surgeon (pre-registration) 1

Preference given to second six months candidate.

Senior House Surgeon (S.H.O.) 1

NEW CROSS HOSPITAL

House Physician in General Medicine and Geriatrics (pre-registration) 1

Preference given to second six months candidate.

Orthopaedic House Surgeon (pre-registration) 1

Preference given to second six months candidate

OUTER HOSPITALS

Preference will be given to second six months' candidates for the following posts, but first six months candidates may apply:—

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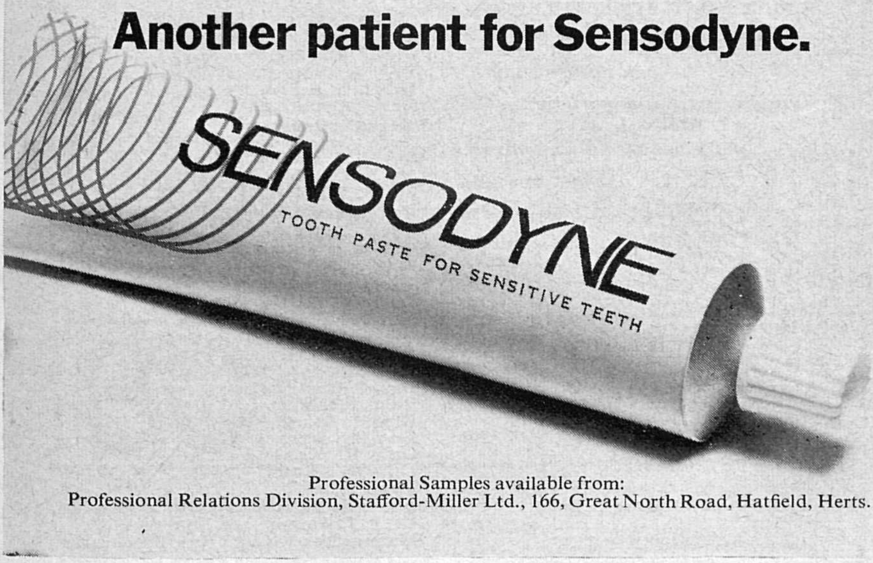
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LEWISHAM HOSPITAL

House Surgeon to Mr. Lynn Evans (pre-registration) 1

House Surgeon to Mr. Ivo-Smith pre-registration) 1

House Physician to Dr. Roberts (pre-registration) 1

To commence 19th December, 1970

House Physician to Dr. Price (pre-registration) 1

MILLER GENERAL HOSPITAL

House Physician (pre-registration) 1

House Surgeon to Mr. Candy and Mr. Eldin (pre-registration) 1

House Surgeon to Mr. O'Flynn and Mr. Fyfe 1

ORPINGTON HOSPITAL

House Surgeon with E.N.T. Mr. Walker-Brash and Mr. Rainer *(pre-registration)* 1

House Surgeon with Physical Medicine Mr. Boxall and Dr. Kauffman *(pre-registration)* 1

House Surgeon with Orthopaedics, Mr. Walker-Brash and Mr. Lam *(pre-registration)* 1

House Surgeon with Gynaecology, Mr. Boxall and Miss Austin (pre-registration) .. 1

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson and Mr. Lavy (pre-registration) 1

House Physician to Dr. Miller and Dr. King (pre-registration) 1

ST. HELEN'S, HASTINGS

House Physician to Dr. Irvine (pre-registration) 1

ST. NICHOLAS' HOSPITAL, PLUMSTEAD

House Physician to Dr. Scott 1

GUY'S HOSPITAL

JUNIOR STAFF APPOINTMENTS

The following appointments and reappointments have been made for the period beginning 1st October 1970:

WHOLE TIME APPOINTMENTS MEDICAL

Medical Registrars
Dr. P. W. R. Harris
Dr. T. C. Northfield
Dr. C. I. Roberts
Dr. M. N. Maisey (U.S.A.)
Dr. J. D. Powell-Jackson
Dr. J. V. Collins (St. Olave's)
Dr. I. A. Baker
Dr. T. J. Gibson (New Cross)
Dr. C. F. P. Wharton

Junior Medical Registrars
Dr. P. G. F. Swift
Dr. D. Tong
Dr. C. W. Thorburn
Dr. C. B. Brown
Dr. B. W. R. Moore
Dr. R. G. Bucknall
Dr. A. L. Thomas

Registrars to the Renal Unit
Dr. R. B. Stott

Registrar to Intensive Care and Clinical Toxicology
Dr. J. M. Boulton-Jones

Registrar in Endocrinology
Dr. I. G. McGill

Surgical Registrars
Mr. S. A. R. Cooke
Mr. W. G. Hartfall
Mr. R. J. Heald
Mr. F. D. H. Birkett
Mr. A. B. Richards
Mr. N. J. Barwell

Junior Surgical Registrars
Mr. C. J. Davies
Mr. R. H. S. Lane
Mr. R. J. Morgan
Mr. N. A. Watson

Registrars in the E.N.T. Department
Mr. D. B. Mathias

Obstetric Registrars
Mr. W. M. Patterson (Farnborough)
Mr. T. G. Nash
Mr. T. M. Coltart

Registrars in Physical Medicine
Miss J. R. Colston
Dr. T. F. W. Dilke
Dr. W. A. Kemp
Dr. G. Zaphiropoulos

Registrar in Cardiology
Dr. D. C. Fluck

Junior Registrar in Cardiology
Dr. K. G. E. Brown

Registrars in Clinical Pathology
Miss J. Went
Dr. J. C. Butt
Miss V. Cattell
Dr. R. M. Ibbotson
Dr. B. A. J. Barrett
Dr. G. P. Tamagnini (Region)

Junior Registrars in Clinical Pathology
Dr. W. L. Brander
Dr. D. F. Brown
Miss C. White (St. Olave's)
Dr. A. J. Tudway (St. Olave's)

Registrar in Haematology
Dr. P. J. Black

Registrars in Psychological Medicine
Dr. M. C. Bott
Dr. K. F. Standage
Miss I. Abey-Wickrama
Dr. B. H. Anstee
Dr. T. C. Taylor
Dr. M. O. Aveline
Dr. S. Bhanji
Dr. W. P. J. C. Onyeama
Miss N. Kaur (St. Olave's)
Dr. S. Qaragholi (St. Olave's)

Registrars in Child Psychiatry
Dr. J. R. Colville
Dr. C. C. Enfield
Dr. S. Woollacott

Orthopaedic Registrars
Mr. S. Gallannaugh (Region)
Mr. M. K. Murphy
Mr. R. L. Pell
Mr. C. J. F. Pool

Orthopaedic and Casualty Registrar
Mr. A. M. Morris

Genito-Urinary Registrar
Mr. F. A. W. Schweitzer

Registrar in Dermatology
Dr. R. A. J. Eady
Dr. J. J. H. Gilkes

Registrars in Diagnostic Radiology
Miss B. C. King
Dr. R. Gilkes
Dr. M. Riaz
Dr. G. W. Moore
Dr. J. J. Barrett
Dr. C. C. Pennay
Dr. B. K. Wignall
Dr. A. R. Carter
Miss J. H. Hall

Registrars in Radiotherapy
Dr. P. J. Winter
Miss K. Shah

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Dr. R. A. C. Hughes
Junior Registrar in Ophthalmology
Mr. D. T. H. Tarbuck
Paediatric Registrars
Dr. W. J. Appleyard
Dr. C. Chantler
Dr. R. B. Jones
Dr. N. A. P. Evans (Region)
Registrars in Thoracic Surgery
Mr. J. A. Dyde (U.S.A.)
Mr. B. A. Ross (U.S.A.)
Mr. K. M. Pagliero
Mr. M. T. McEnany
Mr. D. G. Hill
Registrars in Anaesthetics
Dr. C. G. Bird
Miss P. B. Hewitt
Dr. W. D. O'Brien
Dr. M. J. Leech (Region)
Dr. D. G. Nancekievill
Dr. J. Silver (Region)
Dr. M. B. Barnett
Miss M. Cronin
Dr. I. A. Sutherland
Dr. M. S. Vernon
Dr. P. A. D. Williams
Dr. J. F. Searle
Miss M. E. P. Van Ryssen (Region)
Miss H. Hale
Registrars in Geriatrics
Dr. J. A. H. Grunstein
Dr. T. Strouthidis
Ophthalmic Registrars
Mr. H. P. B. Whitty
Mr. A. W. Gentles
Registrars in Venereology
Dr. J. J. Rohatiner
Dr. D. J. M. Wright

GUY'S HOSPITAL

ALLOCATION OF MEDICAL AND SURGICAL REGISTRARS 1970/71

To take effect from 1st October, 1970

Medical Registrars

Dr. Mann and Dr. Hardwick and	Dr. C. I. Roberts
Dr. Scott Professor Trounce	Dr. I. A. Baker
Dr. Houston and Dr. Knight	Dr. P. W. R. Harris
Dr. Kauntze and Dr. Joiner	Dr. C. F. P. Wharton
Professor Butterfield and Dr. Lessof	Dr. J. D. Powell-Jackson
Endocrinology	Dr. I. G. McGill
Neurology	Dr. R. A. C. Hughes
Renal Medicine	Dr. R. B. Stott
Clinical Toxicology and Intensive Care	Dr. J. M. Boulton-Jones
St. Olave's	Dr. J. V. Collins
New Cross	Dr. T. J. Gibson

Junior Medical Registrars	**October to March**
Dr. Mann and Dr. Scott	Dr. C. B. Brown
Dr. Hardwick and Professor Trounce	Dr. P. G. F. Swift
Dr. Houston and Dr. Knight	Dr. C. W. Thorburn
Dr. Kauntze and Dr. Joiner	No Junior Registrar allocated
Professor Butterfield and Dr. Lessof	Dr. J. G. Pickering
St. Olave's	Dr. D. Tong Dr. R. C. Bucknall
New Cross	Dr. B. W. R. Moore Dr. A. L. Thomas

Surgical Registrars

Professor Sir Hedley Atkins and Mr. Ellis	Mr. W. G. Hartfall
Mr. Lawrie and Mr. Beard	Mr. F. D. H. Birkett
Mr. Blackburn and Mr. Maynard	Mr. P. Jochimsen
Mr. Glover and Mr. O'Flynn	Mr. S. A. R. Cooke
St. Olave's	Mr. R. J. Heald Mr. N. J. Barwell

Junior Surgical Registrars

Mr. Beard and Mr. Crabbe	Mr. C. J. Davies
Mr. Maynard/G.U.	Mr. R. H. S. Lane
Mr. O'Flynn and Mr. Kinder	Mr. N. A. Watson
Neurosurgery	Mr. R. J. Morgan

P. J. HELLIWELL,
Superintendent.

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CHANGES OF ADDRESS

Mrs. R. G. Hargreaves, Flat 62, Agnes Court, Wilmslow Road, Fallowfield, Manchester 14.

Dr. and Mrs. John G. Payne, 23, Maresfield, Chepstow Road, Coydon, CR0 5UA, Surrey. Tel: 01-681 0501.

Mrs. F. M. Turner, 59, Crockhamhill Drive, Agincourt, Ont., Canada.

Malcolm Williams, M.B., B.S., is now M.R.C.P.—New Address: Dr. and Mrs. Malcolm Williams, Medical Arts Building, Suite 101, 45 Bramalea Road, Bramalea, Ontario, Canada.

BIRTHS

LLEWELLIN—On 21st September, 1970 at West Hill Hospital, Dartford, to Jean and Gwyn Llewellin, a son, Robert Gwyn a brother for Jane Elizabeth.

SUNAWAY—To Jill (née Canham) and Keith, 58 Warrington Road, Ipswich, Suffolk, a son, William on 4th July, 1970.

MARRIAGES

HARGREAVES—SELWAY — The marriage took place on the 29th August at Baptist Church, Purley, Surrey, between Rosemary Selway and Christopher Hargreaves.

PAYNE—TILSTON—The marriage took place on 15th August at St. Giles Parish Church of Wrexham, Denbighshire, of John Gordon Payne and Jean Margaret Tilston.

PENNISI—PEREIRA—The marriage took place at Christ Church, Eltham on 19th September, 1970 of Signor Paolo Pennisi and Miss Diane Margaret Pereira, S.R.N. Address: Via Ernesto Nathan 102, Palazzina. D. 00149 Roma, Italy.

DEATHS

ROGERSON—Dr. Frederick Rogerson aged 89, on the 21st September, 1970 in a Worthing Nursing Home.

MEDICAL PROTECTION SOCIETY

EST. 1892

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30 PARK SQUARE, LEEDS, 1
Telephone : 0532 42115-6

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS S. M. KILPATRICK and N. D. S. BAX
SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2146

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Respect

Under any circumstances entering a Hospital as a patient is a disquieting experience. One is going to a strange place, often without forewarning, and the future may be uncertain.

In addition when a patient enters the ward his everyday clothes are taken away and exchanged for pyjamas: his individuality is taken away as is much of his personal dignity. He is only a shadow of his real self. If one meets someone away from the Hospital environment who one has only known previously as a ward patient, this change is very obvious.

At a Teaching Hospital it is recognised that future doctors have to learn medicine and that the patients will be used to some extent for teaching purposes. However both sides should benefit from this: the patient accepts the inconvenience in return for the extra care that should be possible in a teaching institution because of the increased numbers of staff.

But in Teaching Hospitals and elsewhere it is sometimes forgotten that a patient is a human being and not an inanimate object. Rounds still occur where no one bothers to wish the patient "Good Morning". Open discussion of distressing symptoms or signs may take place in front of patients, who are usually more alert than many of those participating in the Round. Although this is due to forgetfulness rather than callousness it can be most alarming for the person concerned.

Similarly many investigations are performed which are of academic interest rather than of value to the patient. Apart from the cost involved, all investigations are unpleasant and some are not without risk. In many cases it is difficult to decide whether the possible benefit to the patient outweighs the hazard of the procedure. But it is inexcusable to perform any test, however trivial, without considering this point beforehand.

People who enter hospitals and place themselves unquestioningly in our hands are usually full of gratitude for our efforts, whether successful or not. We must respect this trust.

The start of it all

We welcome all those who are entering Guy's for the first time. As perhaps the bewildered rush of the first few days either disappears or becomes more tolerable, they will be able to settle down and turn their interests to a whole variety of matters.

Although at first it seems that life is very regimented with lectures, tutorials, practicals and so on, it will slowly become apparent that one has greater freedom here than one has ever had before. Its nature is perhaps somewhat different from what one thinks of when the words "school freedom" are used. The freedom at Guy's is one of thought. People will listen to just about anything that you say whether or not it is related to medicine. Also the liaison between students and their teachers grows stronger year by year. Whilst it seemed fashionable a little while ago at other institutions for the students to protest about their lack of representation on committees who made decisions about their academic life, Guy's quite quietly made four students members of the School Council. Thus in part one's views about medical training are represented on a committee whose job it is to recommend changes, and, we hope, improvements.

But the largest contribution to one's stay at Guy's must come from one's self. Those who benefit most will be those who have contributed the most. The rewards of the idle will be small. However, Guy's is not a place solely devoted to medicine and dentistry. An appreciable part of university life is taken up by activities not related to medicine. It is essential that these are not forgotten in a fit of academic fervour.

We wish all the new Guy's men and women success in the years to come.

Oxford to London

On Sunday, 18th October, four Guy's men rowed a coxless four from Oxford to London Bridge. To James Miller, Tony Fenn, Peter Stevenson-Moore and Mike Gleeson, we offer our heartiest congratulations. It took them twenty-one-and-a-half hours, during which they only left the boat once. Rowed initially in the most unpleasant conditions of dense fog and continuing through many hours of intense physical and mental discomfort, they showed great courage and determination.

A full report will appear in the next *Gazette*.

Congratulations

We offer our congratulations to Mr. C. Montague Ruben, F.R.C.S., who has been appointed Visiting Professor to the City University, London, in the Department of Ophthalmic Optics.

GUY'S DIARY

OCTOBER

27 Tu 1.00 Clinical Lecture. Mr. BEARD.
"Scrotal Swellings."

29 Th 5.30 in Physiology Theatre, 1st lecture in series on "Ethics in Biology," organised by the Guy's Society for Social Responsibility in Science.
Professor G. PONTECORVO, Imperial Cancer Research Fund.
"Genetic Engineering."

30 F 2.15 Combined Round in Pre-Clinical Classroom.
Speaker: Dr. LEIBOWITZ.
Chairman: Dr. LESSOF.

NOVEMBER

3 Tu 1.00 Clinical Lecture. Mr. KILPATRICK.
"Urology, Old and New."

5 Th 1.00 Clinical Lecture. Mr. GLOVER.

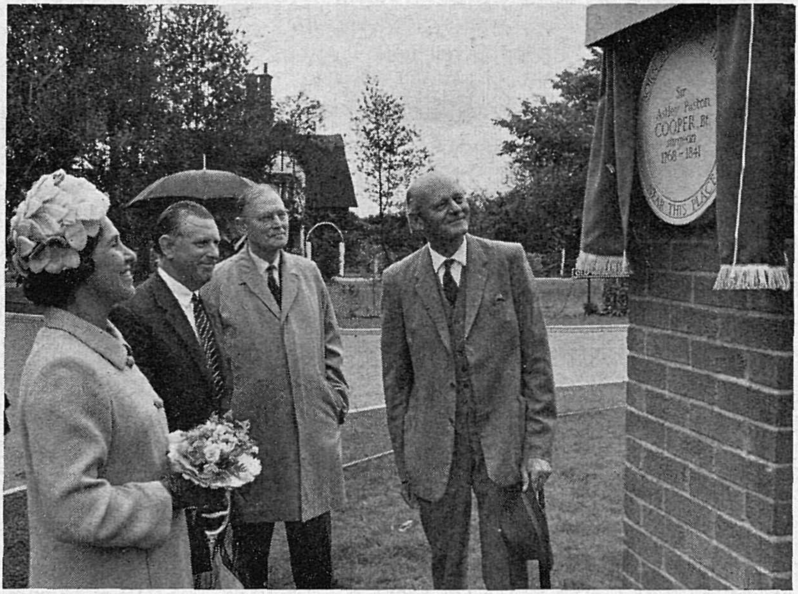
6 F 2.15 Combined Round in Pre-Clinical Classroom.
Speaker: Dr. JOINER.
Chairman: Dr. KNIGHT.

THE BIRTHPLACE OF SIR ASTLEY COOPER

by

A. Batty Shaw

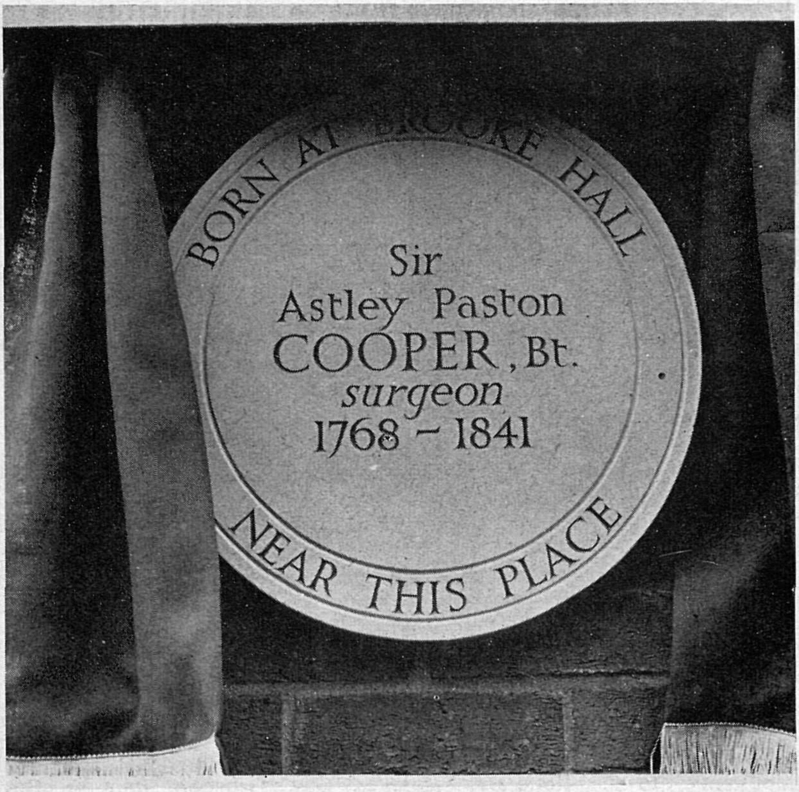
On 12th September, 1970, a stone plaque was unveiled in the village of Brooke, Norfolk, recording that Sir Astley Cooper was "born at Brooke Hall near this place" in 1768. It is placed on an eighteenth century brick wall that formed the frontage of the former hall; together with an adjacent dove-cote, the wall is all that remains of the home where Astley Cooper was born and spent the first thirteen years of his childhood. The design and erection of the plaque were undertaken by the Brooke Society, which resolved to record the site of Astley Cooper's birthplace in this way at the time of the celebrations of the bicentenary of his birth held in Norfolk in 1968 (*Guy's Hospital Gazette* (1968) **82,** 630-2). The cost of design and erection was met by subscriptions from members of the Brooke Society, the Astley Cooper family and the surgeons to Guy's Hospital.



After the unveiling, from left to right, Mrs. Patricia Batty Shaw, Sir Patrick Astley Cooper, Professor Sir Hedley Atkins, Major Gerald Astley Cooper.

The plaque was unveiled by Mrs. Patricia Batty Shaw, a former lady almoner (M.S.W.) to Guy's Hospital under Miss E. Addiscott, and the daughter of a Guy's man (G. W. Heckels, 1916). Those present at the ceremony included two great-great nephews of Sir Astley, Sir Patrick Astley Cooper, and Major Gerald Astley Cooper, Professor Sir Hedley Atkins, representing the surgeons to Guy's Hospital, and Lady Atkins. Mr. Giles Vivian-Neal, President of the Brooke Society, opened the ceremony, and the plaque was dedicated by the Vicar of Brooke, the Rev. G. H. Hurst. The Vicar's prayers were largely drowned by the noise of the engine of a passing tractor, a reminder to those present that Brooke is still a rural Norfolk village as it was in Astley Cooper's lifetime. Readers of *The Gazette* may be interested to know that for the first time the inhabitants of Brooke now have a Guy's man as their doctor (P. R. Robinson, 1965).

Photographs by permission of *Eastern Counties Newspapers.*



The plaque

NOTICES

RUGBY FOOTBALL UNION FOUNDER CLUBS' CENTENARY DINNER

A Founder Clubs' Centenary Dinner will be held at the Guildhall, E.C.2, on Tuesday, 26th January, 1971, at 6.45 for 7.15 p.m. (Dinner Jackets). The tickets will be £7 7s. 0d. each and the price will include champagne cocktails and wines. Guy's, as one of the Founder Clubs, has been allocated fifty tickets. Any past or present member of the Club who would like to attend should forward a cheque to Dr. I. A. Baker, c/o East Wing, Guy's Hospital.

GUY'S HOSPITAL SOCIETY.

Bournemouth and Wessex.

The **Annual Dinner** of the Society will be held at the Norfolk Hotel, Bournemouth, on Friday, 6th November, at 7.30 for 8 p.m.

Mrs. Annette Chant will be in the Chair.

The Guest of Honour will be Dr. P. J. Helliwell, M.B., Ch.B., F.F.A.R.C.S., The Superintendent.

Graduates wishing to attend and not already in receipt of details may obtain these from me.

P. J. Attenborough,
Hon. Secretary.

65, Wellington Road,
Bournemouth, Hants.

GUY'S HOSPITAL REPORTS

Vol. 119/3 has now been published. The contents are as follows:

Anaesthesia in irreversible renal failure—Penelope B. Hewitt.

Design criteria for a prosthetic orthotopic heart and mitral valve—Kenneth G. Reid.

Diagnostic enzymology in myocardial infarction and acute chest pain—Theodore Rowan.

Vanillyl mandelic acid excretion following open-heart surgery—D. C. Siggers and D. C. Fluck.

Attempted suicide by digoxin self-administration and its management—C. F. P. Wharton.

Hereditary polyneuropathy of Roussy-Levy type with associated cardiomyopathy—R. G. Lascelles et al.

Student assessment of clinical teaching—Roy Meadow.

A survey of out-patient prescribing—R. K. Knight.

An uncommon presentation of Bird Fanciers' Lung—J. A. Vale and A. J. Rosin.

Orders for separate copies of this number, or for annual subscriptions to the Reports, should be sent, accompanied by an appropriate remittance, to the Honorary Treasurer, Guy's Hospital Reports, Guy's Hospital Medical School, London, S.E.1.

The special rates for Guy's men are:

Each number 12/6d.
Annual subscription £2. 2. 0.

Ethics in Biology

Lectures at Guy's Hospital organised by the Guy's Society for Social *Responsibility in Science.*

1970

29th October—

Professor G. Pontecorvo, Imperial Cancer Research Fund: Genetic engineering.

12th November—

Professor L. S. Penrose, Kennedy Galton Centre: Eugenics and ethics.

24th November—

Dr. J. Davoll, The Conservation Society: The next twenty years and after.

10th December—

Dr. T. W. Moore, Child Guidance Training Centre, N.W.3.: Responsible parenthood.

1971

14th January—

Dr. R. MacKeith, Guy's Hospital: Children, parents and doctors.

28th January—

Dr. Elizabeth Shoenberg, Claybury Hospital: Are scientists responsible?

4th February—

Dr. M. Potts, International Planned Parenthood Federation: Abortion.

11th February—

Dr. R. P. Michael, Institute of Psychiatry: Society and homosexuality.

25th February—

Professor H. Miller, University of Newcastle: Keeping people alive.

To be held in the Physiology Lecture Theatre, Guy's Hospital, London, S.E.1, at 5.30 p.m.

ALL ARE WELCOME

Hospital Carol Service

The Hospital Carol Service will be on Wednesday, 16th December, 1970. A choir is being formed to sing at this Service. Rehearsals will be on Wednesdays at 5.30 p.m. to 6.30 p.m. in the Chapel.

If you sing, why not come along?

THE SPIROCHAETES COCKTAIL PARTY

On 19th September, in the East Wing, Jim and Betty Marsh, landlord and landlady of the "Olde King's Head Tavern" for 21 years, threw a party with the Spirochaetes to celebrate the event and the special relationship the pub has with this Sunday social hockey side.

Jim and Betty, showing characteristic generosity, provided all the food and refreshments, which included 21 crates and a barrel of beer, four dozen bottles of champagne and four tables full of man-size eats, including saveloys, pease-pudding, and the renowned King's Head special—Dustman's wedding cake—cooked by Jim's kindly old Mum.

About 150 guests arrived, including Professor Emslie and Mr. Campbell, President and Vice-President of the parent club. Also present were numerous local figures well known to King's Head inhabitants and many veteran Spirochaetes, plus, of course, many attractive lady Spirochaetes who do so much to propagate the club!

Highlight of the evening was the presentation of the giant silver urn to the club by Mr. Marsh. This magnificent cup is to be placed in the Students' Bar in the East Wing along with a rack containing 21 bottles of champagne. Jim's idea is that any Spirochaete celebrating his twenty-first birthday will be eligible to start off his party with a bottle of "fizz" in the bar. It is hoped that Spirochaetes on qualifying will leave a bottle of champagne (in order to keep the idea flowing) as a small return for what the hockey club has given them during their student days. We have already had offers!! During a party frolic it was discovered that the cup held twenty-one bottles of champagne and a bottle of cognac!!

We hope this year that the Spirochaetes will become a larger social unit, and that there will be more contact between past and present members.

In addition we are looking forward to seeing a better cross-section of past and present players at each match, even if not actively participating every time.

Last Sunday's Spiro's Freshers' game was a great start with about thirty spectators. Jim and Betty have certainly given the Spirochaetes a big impetus.

On behalf of all those at the party, I have been asked to expresss everyone's gratitude to Jim and Betty for sharing their celebrations with us (no one will forget the party), and we offer our congratulations to them on 21 years at the pub, and thank them for their hospitality to us and indeed all Guy's members over the years.

We'd also like to thank three local businessmen who gave very generous cheques (anonymously)—for the first time the Spirochaetes can open a bank account.

B. Martindale.

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CORRESPONDENCE

Retirements

SIR,—I wish to express my very sincere thanks to all those Guy's men and women, at home and abroad, who contributed to the presentation which Mr. Gibberd made to me at the recent Biennial Dinner.

No words of mine could possibly convey my feelings of deep gratitude for the kindness and generosity which they extended to me on the occasion of my retirement from Guy's.

For me it was a memorable evening, and I send to all my friends my warmest thanks for their friendship during my happy years at Guy's.

Yours sincerely,

Jimmy Goodliffe.

24, Forest Way,
Orpington, Kent.

SIR,—May I be allowed a little space in your journal to convey my thanks and those of my wife to all who helped to make my retirement party so enjoyable and so generously contributed to my farewell presents, also for their good wishes for me in the future.

I have enjoyed my years at Guy's mainly due to the friendly relations that exist between the staff and particularly in the Children's Department.

Yours faithfully,

Wm. P. Colwell.

Dental Department,
Guy's Hospital,
London Bridge, S.E.1.

O.S.C.A.

SIR,—Most of us realise that all around there are people sleeping out for the whole winter, old and infirm, living in squalid conditions, junkies existing as best they can and needy children who are perhaps the most important of them all, as the whole future rests with them. There are so many problems but equally as many ways in which we can help if we could only shrug off our general disinterest and take the first important step. This step is to attend a meeting in the North Common Room at 5 p.m. on Thursday, 29th October, where were can find out in more detail what there is to be done and how we can help. Chris. Parnell, from the London Organisation for Student Community Action (O.S.C.A.), will be there, along with Anne Watson from the Southwark Service Scheme, and Graham Parr from the St. Mungo Community.

Yours faithfully,

David Young.

East Wing,
Guy's Hospital.

Cup Final Damage

SIR,—May I bring to the notice of your readers that as a result of the Rag at the Cup Final this year the Medical School was presented with a bill for £173. This sum must now be recovered from the Student body.

With the co-operation of the Students' Club, who had disassociated themselves from the Rag and its consequences, this money will be recovered by placing another levy on the dances held in the East Wing. This levy will be on a scale commensurate with the size of the particular club holding the dance. Thus the Rugby Club and the Students' Club will pay the most—probably £5 per dance. As soon as this debt is settled, the levy will cease.

This is a fitting time to point out that Rags in which wilful damage is caused, not only to the ground but to spectators and their clothing, are to be condemned. Rags in this form do not enhance the football, they are expensive in damage and the goodwill of the Richmond Athletic Ground and the neighbouring householders is steadily being eroded.

One hopes that in future years common sense and a moderating influence will prevail.

Yours etc.,

J. POWELL-JACKSON.
Hon. Secretary.

Guy's Hospital Clubs' Union,
Medical School,
Guy's Hospital,
London Bridge, S.E.1.

The fixture list

SIR,—Guy's R.F.C., having received its almost annual humiliation at the hands of Cambridge University by an even bigger margin than usual, may I suggest it is high time that this fixture is dropped.

Defeats like that on Saturday do nothing to enhance the reputation of Guy's Rugby and will not encourage talented players to enter Guy's when embarking upon a career in medicine or dentistry.

The prestige that comes from having this particular fixture is completely lost, when it is considered by all outside Guy's that this is just a practice for the University before the "real" season begins.

Yours faithfully,

H. P. Briggs.

Hornbeams,
41, Green Lane,
Eastwood, Essex.

SPORT

HOCKEY

Guy's v. Maidstone

Result : Won 3—1.

Guy's began the season with a well-deserved win over a game Maidstone side. For the first 20 minutes the team played excellent hockey, but as soon as R. Fell had converted a short corner, the play deteriorated into a series of touch-line mauls. Half-time gone, the team recovered to score two goals. The first by John Walker as he followed in extremely hard on a quick free hit from the left as it rebounded off the keeper's pads. R. Burns scored the third, deflecting a beautifully judged flick by R. Clark. As Guy's relaxed, Maidstone scored a compensatory goal, but although they hit the post in the last few minutes, the game was already won.

This was a good team effort, without any individualism, and bodes well for the rest of the season. P. Calvert fitted into an experienced defence and played well. The two full backs, D. Milliner and D. Crafts, swamped the opposition inside forwards and ensured that Guy's had enough possession to win by a fair margin.

Team: R. W. Burns, R. Fell, J. Walker, R. Clark, D. Milliner, D. Crafts, P. Nichol, B. Jones, P. Calvert, R. Clark.

R.W.B.

3rd XI v. MAIDSTONE

Saturday, 10th October, 2.45 p.m., H.O.P.

Result: Lost 1—3.

The 3rd XI's campaign for this season opened on a very warm and close afternoon at H.O.P.

Despite various factors, including the pitch, and a perhaps understandable lack of fitness in the side, a good standard of hockey was achieved, although the score was a little flattering to Guy's.

Guy's were hard pressed for most of the match, and only the able and solid defensive work of Gillham and Averil averted disaster.

After being 0—2 down at half-time, Guy's fought back strongly to score their only goal. A fine move by Pran Das down the right wing led to Toplis slotting in his first goal of the season off the goalkeeper's pads.

Pran Das continued to shine on the right wing throughout the second half, and Guy's played with courage and tenacity. Maidstone completed the scoring with fifteen minutes to play.

K.J.C.

SPIROCHAETES v. FRESHERS

Sunday, 11th October, at H.O.P.

Although the Freshers' side usually contains a couple of old-timers, it is unfortunate that the number of Freshers playing hockey this year can be counted on one hand and not all those were available for this particularly renowned match.

This did not detract anything from the afternoon's entertainment, however, and the Spirochaetes took the field (after a two-hour tactical discussion in the secrecy of the King's Head) against eleven virgin-white shirts. Com-

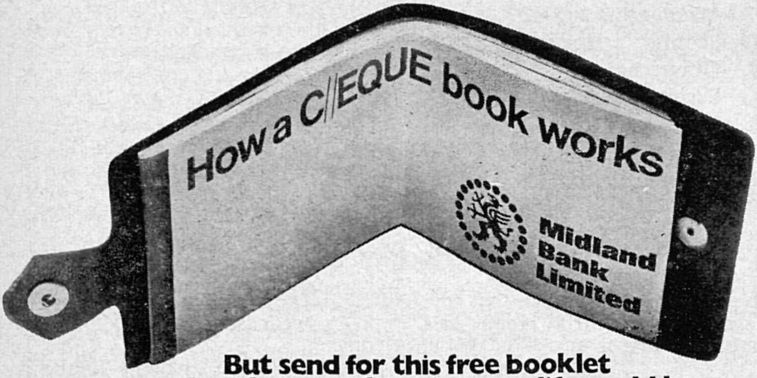
I don't need a bank manager.

I don't mind having too many bills at once and nobody to help me spread them.

I don't mind wanting to raise some money and having no-one to ask for help.

I don't mind having no-one to give me a reference when I need it.

And I don't mind having no-one to chat to when I do have a little money and want to invest it.



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pletely out of the blue, Fordham (a veteran Fresher) used up all his energy for the match in netting his side's only goal. The Spirochaetes then, with the roar of the crowd behind them, pulled themselves together and scored three times at intervals, through Jones, Burns and Clark. For most of the game some quite good hockey was played. Stokes, Calvert and Shutes played particularly well for the Freshers. However, the last twenty minutes was very scrappy, probably due to half-time refreshments!

The game was watched by one of the largest crowds seen watching hockey at H.O.P. for quite some time and we were pleased to see Professor Emslie, our President, Aden Stuart and the Marshes amongst others, Ken Lockhead and Colin Hunter-Craig we thank for umpiring and hope that everyone enjoyed the game and evening that lived up to its traditional high standard of "indoor games" and "choral singing".

Teams :

Freshers :—Stokes, Nichol, Matthews, Calvert, Bray, Fordham, Shutes, Pran Das, Pollock.

Spirochaetes:—Cottingham, Gillham, Martindale (Capt.), Pearson, Fell, Toplis, Knight, Walker, Clark, R. Burns, Jones.

1st XI *Fixtures, 1970*

Oct. 17—Teddington 2nd XI.
„ 24.—H.A.C.
„ 28.—U.C. Hospital.
„ 31.—Kingston G.S.
Nov. 7.—Wimbledon 2nd XI.
„ 11.—St. Mary's Hospital.
„ 14.—Gravesend.
„ 21.—Surbiton 2nd XI.
„ 28.—Merton.
Dec. 5.—Bexleyheath.
„ 12.—South Essex.

Ladies' Hockey Club

We are glad to announce that the Ladies' Hockey Club is again functioning. Trials will be held at Honor Oak Park on Wednesday, 28th October, at 3.00 p.m. Support of any standard is welcome.

Jemmie Leithead.
Jo Brown.

RUGBY

ANGELS 1970—PROGRESS REPORT

Whilst a certain degree of despondency might be felt by those at the top, among the lower spheres of the Rugby Club the situation is much more satisfactory.

The Angels, consisting mainly of last year's Wanderers, have surprised themselves, and anyone else who has heard about it, by winning their two opening games. Considering the fitness of the team at this stage of the season, this augurs well for the future.

The first match, against Royal Exchange, provided the Angels with a 31—3 victory. Tries by Geoff Dunbar and Marc Evans (2), gave them a 13—0 lead at half-time, and in the 2nd half further tries were scored by Ted Harland, Phil Boyce, and after a 70-yard run, prop-forward "Aggro" Moseley, which he converted himself. Rex Yetton dropped a goal and converted three tries, and Jerry Owen converted one. The outstanding features were the covering and tackling, and the degeneration of the game to walking pace long before no-side.

Against the stronger opposition provided by Sutton "A", the Angels were glad to have their try-scoring machine, Rod Robinson, back on the wing. He duly responded with three good tries, which helped considerably in a 15—9 win. Playing downhill in the first half, thanks to an astute mistake by Captain Tim Cox, a mere 9—0 lead had been obtained by half-time. Sutton managed three lucky tries in the second half, but the Angels' defence held out, and they pressed again towards the end to score further tries through Phil Boyce and Marc Evans, and almost a third through that doyen of back-row forwards, Pete Watkin.

The features of this match were the work done in attack and defence by the three-quarters, well led by Rex Yetton, and the set-piece play of the forwards.

There are still a few faults to be ironed out, but the team spirit and potential is there, and the fitness and finesse will surely come.

Teams from: T. Cox (Capt.), E. Harland, M. Epsom, R. Wilson, G. Dunbar, P. Boyce, R. Robinson, H. Fleet, R. Yetton, M. Evans, K. Moseley, J. Owen, J. Cope, E. Haines, C. Ryan, P. Watkin, H. Roberts.

SOCCER

STUDENTS v. STAFF

Wednesday, 30th September, at H.O.P.
Result: Won 3—2.

Despite the slightly ragged turn-out due to a hitch in organisation, both sides played some remarkably good football, the game being quite fast in its early stages and slowing down later : evidence that for many this was the first game of the season.

The staff forwards attacked very vigorously in the first half, often penetrating our defence and putting in some worrying shots, which were stopped quite capably by Lewis, though not always held. On one of these occasions, from a chest-high shot by Lovell, the ball bounced down from Lewis's hands and, as he lay on the floor, trickled between his legs over the goal line as the students looked on helplessly.

In the first half it is fair to say that the Staff had a slight edge over the students and deserved their one-goal lead. In the second half, however, the superior fitness of the students began to show and they equalised twice and drew into the lead. Also the defence improved beyond recognition with Allison, and Drew especially, tackling ferociously. Grace contributed nicely to the defence but unfortunately retired in the second half, the result of a previous leg injury. Parker and Harridine deserve mention for their continual involvement and general enthusiasm throughout the game.

The staff goalkeeper, Stewart, occasionally lapsing into rugby union and dancing with great agility in the goalmouth, saved some fine shots from student forwards, notably Arnold, who probably saved the game for the students by taking all three goals in the second half—a great feat considering his long absence from the game.

Taylor scored the staff's second goal, the ball being dangerously knocked around in the students' penalty area until Yan unwittingly gave it to Taylor, who shot high into the left-hand corner of the net, taking Lewis by surprise.

In the final minutes of the match the students hammered the staff in their own half the latter demoralised by our one-goal lead and finding play increasingly difficult as dusk drew on. At the end the students' defence cut out staff attacks before they developed, at the half-way line, their positional play obviously much improved.

For many, this game was a very enjoyable start to the season.

M. Brummell

BOSTON MARATHON CREW

Coxless Four

Bow, P. Robinson; 2, P. J. M. Moulder; 3, M. J. Gleeson; Stroke, J. C. Miller.

PHYSIOTHERAPISTS' SPORTS

HOCKEY

The Physiotherapy Students' Eleven beat St. Thomas's Physiotherapy Students 11—1 on Saturday, 26th September, at Cobham.

Team: Lynn Bray (Capt.), Elizabeth Pote, Sally Mutimer, Theresa Hamblin, Ann Webster, Rosemary Cotton, Patricia Lawrence, Wendy Gibson, Gillian Hobbs, Rosemary Toone, Heather Strange.

SWIMMING GALA

The London Inter-Hospital Physiotherapy Schools Swimming Gala was held at London University Baths on 29th September. The Guy's team was placed sixth in the competition.

Team: Wendy Gibson (Capt.), Naomi Robins, Caroline Jackson, Lynn Bray, Patricia Lawrence, Nina Neeson (reserve).

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL SCHOOL

Commencing on Wednesday, 26th November, 1970 a course in Conservative Dentistry primarily for F.D.S. candidates will be held at Guy's Hospital Dental School. The Course will consist of six sessions, from 6.00 p.m. to 8.00 p.m. on 25th and 27th November, and 2nd, 4th 9th and 11th December, 1970. Fee: £10 10s. 0d. Further particulars and forms of application, which should be returned as soon as possible and not later than Friday, 13th November, 1970, may be obtained from the Dean, Guy's Hospital Dental School, London Bridge, S.E.1.

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of wholetime **Senior Lecturer** in the Department of Obstetrics and Gynaecology (Honorary Consultant to Guy's Hospital) with duties to commence on 1st April, 1971. Duties will include clinical work as well as teaching and will provide opportunity for research. Salary scale £4,512 to £6,350 and superannuation. Forms of application may be obtained from the Dean, Guy's Hospital Medical School London Bridge, S.E.1. and should be returned not later than **20th November, 1970.**

GUY'S HOSPITAL

Applications are invited from registered dental practitioners for the appointment of whole-time **Registrar** in the Department of Conservative Dental Surgery to commence in January, 1971 until 30th September, 1971 in the first instance. The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtained from and should be returned to the Superintendent, Guy's Hospital, London, S.E.1. not later than **6th November, 1970.**

PERSONAL

FURNISHED FLAT—Doctor's House, Dulwich. 1/2 bedroom, 1/2 reception, kitchen, bathroom. Suit couple. 20 minutes Guy's. £10 per week. Ring 670 3332.

CHANGES OF ADDRESS

Dr. and Mrs. P. K. D. Bush, Little Bounds, 8 Sea Avenue, Rustington, Sussex. Tel: Rustington 71393.

Dr. and Mrs. D. N. Lewsey, The Surgery, Tetbury, Glos.

David Foulds, B.D.S., L.D.S., R.C.S., "The Cot", Ovingdean Road, Ovingdean Village, Sussex. Tel: Brighton 31137.

DEATHS

RYCROFT—On 2nd October, 1970, Alfred Thomas Rycroft, L.D.S., R.C.S., D.D.S.Mich.

SMITH—On 8th October, 1970, Thomas Morrish (Bill) Smith, L.D.S., in Harefield Hospital, Middlesex. At Guy's 1947-51.

CORRECTION

The Main article in the *Gazette* of 10th October, 1970 by Dr. M. B. Conran was originally submitted as a prize-winning entry for the King's Fund Essay Competition, 1969. We apologise for omitting this information.

PAPERS BY GUY'S MEN

Binnie, W. H. and Lehner, T. Histology of the muco-cutaneous junction at the corner of the human mouth. *Archives of Oral Biology*, 1970, **15**, 777.

Cameron, J. S., Ogg, C. and another. Membranoproliferative glomerulonephritis and persistent hypocomplementaemia. *British Medical Journal*, 1970, **4**, 7.

Cameron, J. S., Ogg, C. and another. Regional service for acute and chronic dialysis of children. *Lancet*, 1970, **2**, 707.

Clark, T. J. H. Inspiratory obstruction. *British Medical Journal*, 1970, **3**, 682.

Coulson, A. S. and Summers, Lucy. The effect of two soluble thalidomide derivatives on lymphocyte stimulation. *Clinical and Experimental Immunology*, 1970, **7**, 241.

Draper, P. Cutting the cost of health care. *Lancet*, 1970, **2**, 601.

Myall, R. W. T. and another. Current trends in the prevention of bacterial endocarditis in susceptible patients receiving dental care. *Oral Surgery, Medicine and Pathology*, 1969, **28**, 813.

Myall, R. W. T. An iatrogenic radiopacity. *Oral Surgery, Medicine and Pathology*, 1970, **29**, 866.

Myall, R. W. T. and another. Mucosal and dermal lesions seen in bacterial endocarditis : report of a case. *Journal of the American Dental Association*, 1969, **78**, 120.

Rees, R. J. W. and others. The Kveim test in lepromatous and tuberculoid leprosy. *International Journal of Leprosy*, 1969, **37**, 372.

Rees, R. J. W. and another. An attempt to demonstrate a transmissible agent from sarcoid material. *Postgraduate Medical Journal*, 1970, **46**, 510.

Wood, S. M. and McEwan, J. A. Low-oestrogen contraceptives. *British Medical Journal*, 1970, **4**, 54.

Woodward, B., Pond, J. B. and Warwick, R. How safe is diagnostic sonar? *British Journal of Radiology*, 1970, **43**, 719.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS	S. M. KILPATRICK and N. D. S. BAX
SPORTS CORRESPONDENT	T. W. HIGENBOTTAM
NURSING CORRESPONDENT	Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2147

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Electives

Shortly before half-way through clinical training and again towards the end of these few years, medical students get an opportunity to study medicine in any speciality they wish, providing of course a hospital will take them. Some students remain at Guy's. For those wishing to leave Guy's, more especially for those going abroad, there could be difficult times ahead. In this country it is relatively easy to fix up a clerkship. Most hospitals here will give one free board and lodging. Of the students who go abroad, the majority would be unable to do so unless the generosity of the hospitals they visit is such that it gives them free accommodation and food and in addition pays them a stipend.

The British Medical Students' Association, in conjunction with the Student American Medical Association, organises elective periods at certain American hospitals. Applying through them gives the student little choice as to the hospital or even state which he may visit. This is inevitable considering the number of applications with which the B.M.S.A. deals. One can apply to the hospitals direct, but in the case of American hospitals, many will accept the application, but refer the visa and working permit arrangements to S.A.M.A. The experience of many show that S.A.M.A. is somewhat tardy in replying to letters, presumably because of the number of requests for help. S.A.M.A. deals only with requests from the B.M.S.A., and this vital information has often reached the student only days before the planned departure date. Thus after months of planning, a student may be disappointed, and in addition lose a large proportion of what has been paid for an air ticket. Even so, many students do go abroad without outside help and have no difficulty in obtaining the necessary documents. Shortly after these people return home, much is forgotten about their trip. Consequently, when the next batch of students is trying to arrange elective periods, it runs into difficulties others have encountered before.

It is because of these difficulties and the fact that many students do not wish to indulge in the present roulette atmosphere that surrounds the organisation of some elective periods that they are advised to inquire at an early stage if the hospital is able to make arrangements itself for obtaining working permits and visas. If it cannot it may be best to rule out going to that particular hospital. The B.M.S.A. does a splendid job in placing so many students in overseas hospitals, but unfortunately for the student, he may have to take a chance as regards to his ultimate destination. Providing the elective abroad is taken for the right reasons, time will have been well spent. It is a pity that students are not forewarned of the many problems that organising an elective entails.

A New Chaplain

On Monday, 2nd November, 1970, the Reverend Robert Kempster begins his work as Church of England Chaplain to the hospital. Until accommodation is ready in St. Thomas Street, he will continue to live at No. 2, Copperfield Street, S.E.1, close by the Evelina.

The Reverend Robert Kempster was at Selwyn College, Cambridge, and did his theological college training at the College of the Resurrection, Mirfield, Yorks. He served his title at West Hackney parish, and for the last thirteen years has been priest-in-charge of All Hallows, Southwark, and Chaplain to the Evelina Children's Hospital.

He has known Guy's for many years, both as a priest and a patient, and his father, Gordon Kempster, trained as a Dental Surgeon at Guy's in the 1920's.

On Monday, 16th November, at 6 p.m., the Rt. Rev. David Sheppard, the Bishop of Woolwich, is coming to conduct a service in the chapel, at which he will commission the Reverend Robert Kempster for his work as Chaplain.

We welcome the Reverend Robert Kempster to the Guy's community and hope that his stay here will be a pleasant one.

Christmas Cards

Christmas cards will be on sale very shortly from the *Gazette* office. As in previous years, the cards will be reproductions of three Hanslip Fletcher etchings of Guy's.

The Dental Society 1970-1971

Meaningful discussion between us on the Dental Society Committee and the authorities is impossible if the student body as a whole is kept in the dark about the efforts of its elected representatives. In an attempt therefore to justify our position as the officers of the only organisation devoted entirely to Dental students and the representation of their opinions we have decided, amongst other things, to publish once a month, a brief account of the committee's proceedings and anything else of interest to Dental students.

On this year's committee are Diane Plamping, Kevin Mosely, Graham Brown (2nd year clinicals), Tim Gould, Duncan Carmichael, Julie Howlett, Nigel Harradine, Sophie Bridge (3rd year clinicals), Dave Searle, Chris Wilde (4th year clinicals) and a 1st year clinical and a pre-clinical student who will be elected this term. They re-elected Mr. R. C. Bret Day as President and nine staff vice-presidents, including for the first time one of the pre-clinical teaching staff, thus giving the committee a wide range of opinion from all major departments in the Dental School.

The first two committee meetings have produced much discussion and we have decided :—

(1) To request student representation on two major committees: The Dental Council and the Dental Committee (dental students are already represented on the School Council but this is, we feel, not adequate). We do not, however, want representation at staff appointments.

(2) To improve the effectiveness of the Dental Society as a representative organisation. As a first step the minutes and agenda of committee meetings will be posted in the Dental and Medical Schools and once a month a synopsis of the Society's affairs will be published in the "Gazette".

(3) To make a major effort to involve pre-clinical students, who in the past have, we feel, been rather neglected by the Society.

We have also decided to get something done about the inadequate laundry facilities for students' white coats and the late payment of instrument maintenance grants.

Some members of the committee are making special studies on the "fate of student failures", "the assessment of teachers and teaching methods" and "ways of increasing community involvement".

As usual, we are organising the Dental Ball. This year it is at the Hilton, price £5 10s. a double ticket, on 6th November. Tickets from Sophie Bridge or Graham Brown.

In addition the Society has been and still is involved in discussions concerning examination requirements, the organisation of lectures, and conditions of students due to take B.D.S. Part III in December. Also in December, representatives of the Dental Society will, amongst others, be meeting the Dental sub-committee of the University Grants Committee, and we will be organising an open meeting before then to hear your views on the topics we want to present.

Our relations with the B.D.S.A. and the other London Dental Schools will, we hope, be strengthened. Some students will soon receive a B.D.S.A. questionnaire collecting information for use in negotiations for a grant increase.

If you do not have any views on your education at Guy's or if you do not want them heard in public, then do not complain. If you have—tell us.

C. E. Wilde,
Hon. Secretary, Dental Society.

RETIREMENTS

Mr. L. H. S. Goodliffe

Leonard Harry Scott Goodliffe first came to Guy's in 1920 as an "office boy" in the Medical School Office. He soon acquired the nickname of Jimmy when he scored for the Guy's cricket eleven, and it is by this name that he has been known to Guy's men for the last fifty years. He was appointed a Junior Clerk in 1923, and in 1929 he left Guy's to take a post at King's College. In 1932 he returned as Senior Clerk to the Dental School, and stayed in this position for thirty-three years, including the war period spent at Tunbridge Wells. In 1956 he succeeded Mr. J. H. E. Winston as Appointments Officer, and has held this post until his retirement this October.

Jimmy made the Appointments Office at Guy's into a unique institution. It has been the most active office of its kind in any English Medical School with over 800 vacancies filled each year. It came to fill a national and even an international need. Most of the men using it came from other medical schools, and as Jimmy's connections grew, many Commonwealth doctors, especially Australians, came for his help as soon as they arrived in this country.

But it was his personal interest in those who came that made the Appointments Office unique. Every visitor was given a long sympathetic talk and left feeling that he had made a friend as well as a useful contact. Many were entertained at home by Jimmy and his wife. Men were remembered years later when they returned, this time to seek a junior partner or to fill a house job. Although the main function of the Appointments Office was to fill junior hospital and general practice vacancies, the work invariably broadened. Future consultants have been helped to write their applications, and aspiring medical students coached in the way to delude the Student Selection Committee that they would make good doctors.

Mr. and Mrs. Goodliffe and their two daughters, Jennifer and Diana, who did their nursing training at Guy's, will be remembered with affection by many still at Guy's. Jimmy himself will be missed by doctors and dentists scattered over all this country and many places abroad.

J.L.

Mr. J. H. Hanby, O.B.E., M.Ch.S.

Guy's was the first Teaching Hospital in London, perhaps in England, to have its own Department of Chiropody. This was arranged by Mr. Lambrinudi and Mr. Stamm in 1935, and the hospital was most fortunate in being able to enlist the services of Mr. Hanby. This new department was a great success, and it continues to provide the hospital with a most valuable service. It is indeed unfortunate that the Shoe-Fitting Centre which was organised at about the same time as the Chiropody Clinic, and which was closely related to it, had to be abandoned.

Mr. Hanby retired early this year at the age of 78. He was born and educated in Leeds, and he served in the First World War before training as a chiropodist at the London Foot Hospital in 1920. The writer had the pleasure of working at this hospital, and he quickly appreciated the important contribution made to disorders of the feet by chiropody. Mr. Hanby was President of the Incorporated Society of Chiropodists in 1935, and Superintendent of the London Foot Hospital from 1926 to 1933, and from 1939 to 1945. In 1945 he became the first President of the newly-formed Society of Chiropodists. During his term as President, he insisted on the State-registration of chiropodists, and in 1963 he was awarded the O.B.E. in recognition of his contributions to chiropody. Throughout his long association with Guy's, Mr. Hanby continued to visit the hospital frequently, and he was often seen walking through the Colonnade and Park on his way to the Chiropody Clinic.

We are most grateful to him for his valuable services to the hospital, and wish him well in his retirement.

J.S.B.

GUY'S DIARY

NOVEMBER

9 M 1.00 Clinical Lecture. Dr. KNIGHT.
"Prescribing and other bad habits."

10 Tu 1.00 Clinical Lecture. Dr. MANN.
"Gallstones."

12 Th 1.00 Clinical Lecture. Professor POLANI.
"Errors of Sex Determination and Differentiation in Man".

5.30 In Physiology Theatre. Second Lecture in series on "Ethics in Biology."

Professor L. S. PENROSE, of the Kennedy Galton Centre: "Eugenics and Ethics."

13 F 2.15 Combined Round in Pre-Clinical Classroom.
Dr. JOINER and the firm will present:

(1) A case of drug induced myxoedema.

(2) Ankylosing spondylitis and the complications of its treatment.

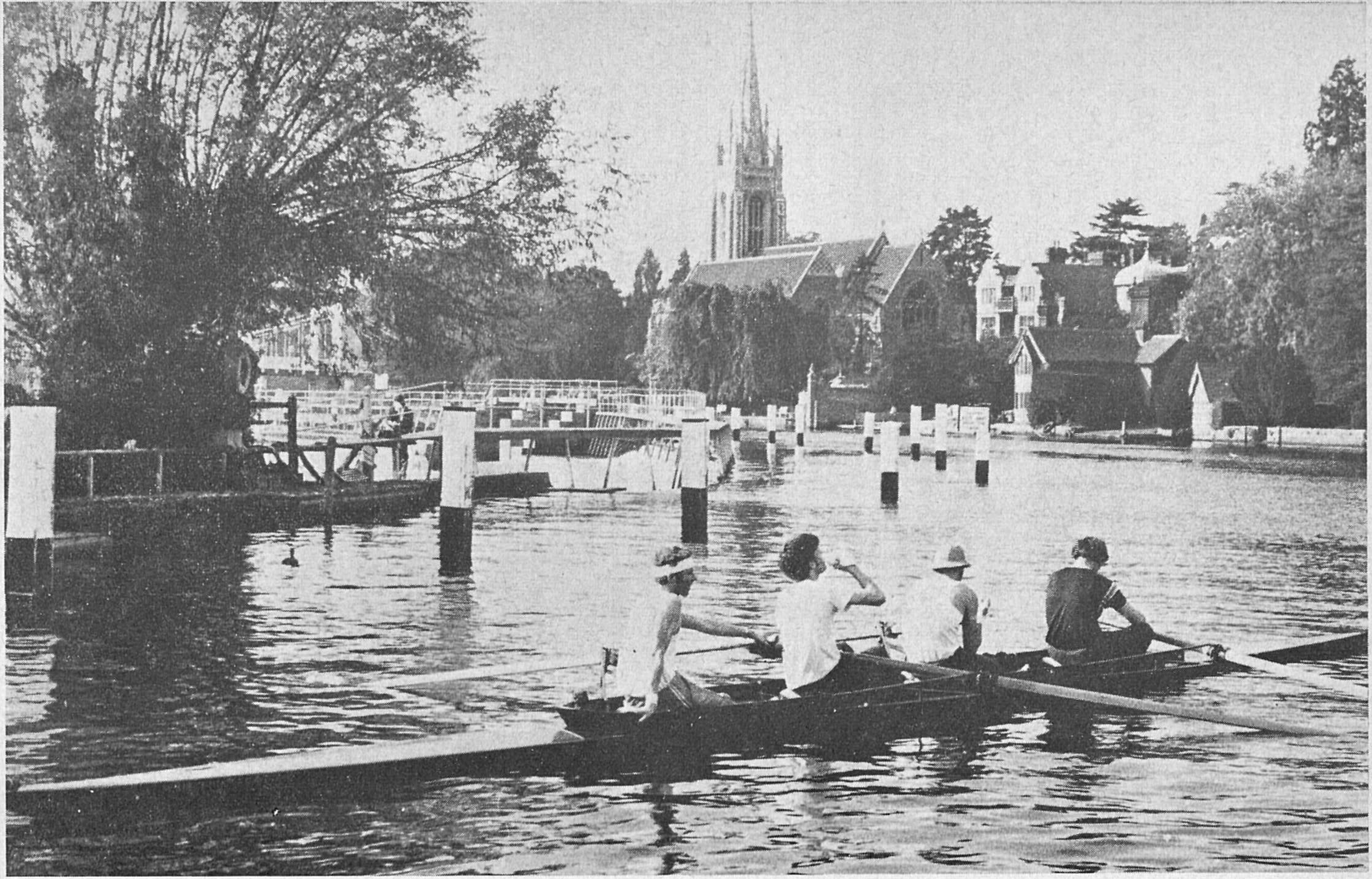
Chairman: Dr. KNIGHT.

16 M 1.00 Clinical Lecture. Professor Sir HEDLEY ATKINS.
"Gallstones."

17 Tu 1.00 Clinical Lecture. Dr. SAXTON.

20 F 1.00 Clinical Lecture. Mr. O'FLYNN.

2.15 Combined Round in Pre-Clinical Classroom.
Speaker: Professor BUTTERFIELD.
Chairman: Professor MACDONALD.



The Marlow Approach

R.W.A.C.

OXFORD TO LONDON

18th October, 1970

PRESIDENT'S REPORT

At 2.30 on Sunday morning a rocket was fired from Oxford's Folly Bridge and the Guy's IV set off on their 113-mile row to London Bridge. Almost as soon as the cheers of the fifty or so supporters died away, the boat disappeared into the thick fog which lay on the river. The organisation now went into operation with teams to man the locks during the night, and the attractive and hard-working vivandieres who were to supply the helpers with bangers and coffee, began to brew up. As the team moved down river, the cuisine became increasingly exotic.

The crew had a miserable night, the fog reducing visibility to a few feet, and for three hours, since one of the crew had to turn to look forwards, only two men were able to row. Although the small launch accompanying the IV was equipped with a searchlight, this did not solve the problem of visibility. It was calculated that the fog was responsible for the loss of four hours. Once daylight appeared, they were able to row properly and, encouraged by the lock teams and sustained by bottles of Professor Macdonald's secret remedy, they began to catch up on lost time. They rowed all that day with only brief pauses when they passed through the 34 locks. As they approached London, the crowd of supporters at the locks became steadily larger. Darkness fell long before Teddington, Richmond and the tideway. There were cheers at each of London's bridges. At last those who waited on London Bridge heard the midnight chimes from St. Paul's and the cheering from Southwark Bridge simultaneously. Then through the darkness the IV appeared, accompanied now by Imperial College's launch Menelaus and two River Police launches. They went through the centre arch in great style and then on to the Tower to land through the Water Gate (Traitors' Gate). In spite of the hour, a large crowd had gathered at the gates of the Tower to welcome the crew who, although having been twenty-one-and-a-half hours on the water were yet able to walk.

In these days when there is so much criticism of the student body, it was a most encouraging experience to witness such an enterprising project carried out with great determination in the face of depressing difficulties. The careful planning and organisation was very impressive, and so, too, the zeal and cheerfulness with which everybody worked as a team through the best part of two cold nights and a day. All those involved can truly say—

> " 'Tis not in mortals to command success,
> but we'll do more—deserve it".

James Mansie

CREW REPORT

MILEAGE	LOCK	TIME	
1	Iffley	02.53	very cold, 15 feet visibility, headlights abandoned, aground 3 times, nearly over weir once when the launch lost us.
2	Sandford	03.25	
7	Abingdon	04.30	helper pursued by police into field. Both lost in fog for 2 hours.
9	Culham	05.15	directed by torch into lock cut. Brisk diuresis due to cold and Beecham's Drink.
12	Clifton	05.45	still only two men rowing.
15	Day's	06.30	three men now rowing. Bow still found he could not resist the temptation to keep his blade out of the water.
19	Benson	07.15	daylight, all four rowing, steering by guesswork—could just see one bank.
26	Cleeve	08.20	lock-keeper found swimming in lock—so much for pollution.
26	Goring	08.35	two girls left to open lock unaided!
31	Whitchurch	09.10	boat beginning to go faster.
33	Mapledurham	09.35	launch retrieved from weir.

S.L.M.

Accelerating away from a Lock

Time for a Drink and a Think R.W.A.C.

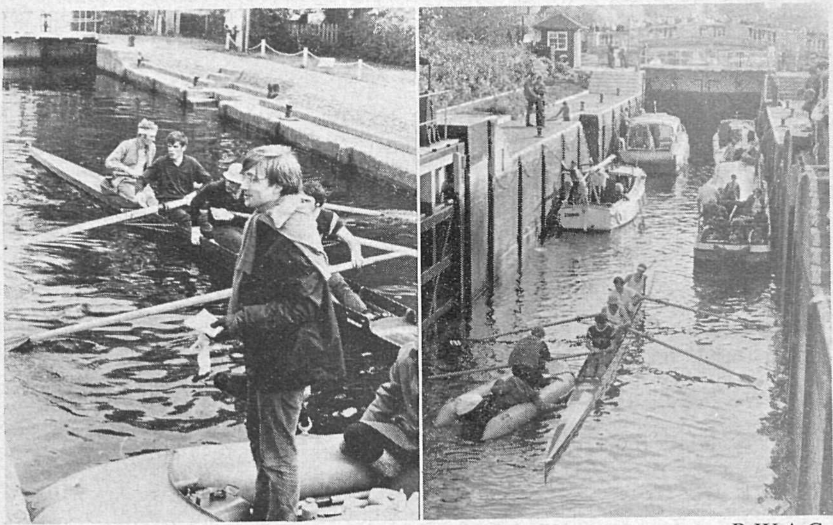
37	Caversham	10.20	Reading Head course took 32 minutes.
40	Sonning	10.50	crew morale low. Bax took over in launch.
43	Shiplake	11.15	spirits rising. First of the early morning London risers join support crews.
45	Marsh	11.40	discarded night launch for "bucket" [the Guy's inflatable launch]. Crew could not be persuaded to turn around and row the Henley Course.
49	Hambleden	12.20	½ inch of water now in the boat.
52	Hurley	13.00	boat emptied by supporters. The only occasion the crew left the boat during the row.
53	Temple	13.20	a friendly lock-keeper kept cruisers waiting for us.
55	Marlow	13.40	a good stretch up to Marlow caught supporters in the "Hare and Hounds" by surprise.
59	Cookham	14.30	half-way stage, morale rock-bottom; crew just together. Rapid calculation revealed that we would catch the end of the tide at Richmond.

61	Boulters	14.50	masses of supporters who managed to keep everyone waiting for us. Launch diplomatic in slowing down oncoming traffic.
63	Bray	15.15	narrow Maidenhead Bridge taken accurately at speed.
67	Boveney	15.55	launch less diplomatic in slowing down "gin palaces" that seemed intent on swamping the crew.
69	Romney	16.20	ex-captain Peter Hunt now in the launch.
72	Old Windsor	16.50	girls from support crew raised spirits enormously over this stretch.
75	Bell Weir	17.35	
77	Penton Hook	18.01	lock-keepers co-operating by asking locks further down river to stay open.
79	Chertsey	18.25	sunset had been so impressive the crew had noticed it.
81	Shepperton	18.50	only one more Boston Marathon Course to go.
85	Sunbury	19.30	difficulty finding the lock due to increase in numbers of supporters and their flashing torches.
89	Molesey	20.03	navigation difficult because of islands, river boats and a weak torch.
93	Teddington	21.10	met by over 100 supporters. Two members of the crew violently sick. Realised we would catch the tide with minutes to spare. Met by the Imperial College launch.
96	Richmond	21.45	the LAST lock.
113	London Bridge		Richmond to Chiswick in two stages. Crew very tired and losing co-ordination. Great support from all road bridges and the embankment. Two short stops at Harrods' depository and Albert Bridge. Passed the magnificent sight of Westminster at 23.48. Shot London Bridge at 00.02 as the tide was turning.

Each oarsman took over 31,000 strokes in the 21½ hours on the water.

Crew: M. J. Gleeson (bow), P. Stevenson-Moore 2, A. Fenn, 3, J. C. Miller (stroke). (Bow steers.)

Nearing Henley



R.W.A.C.

The Ups and Downs in Locks

Stroke Seat Impression

Foggy. Cold. Cold and murky at the start and so it remains until dawn—then, still cold, less murky.

Only bright spots in the night are rockets fired at each gloomy lock and the winking flashlights of our helpers.

The day before us is long, very long, hand achingly sore behindedly, boringly long.

Oh, blessed relief at the locks!

A pretty girl smiles down at us—I spent all day deciding which one I fancied most—she will never know how her soft eyes bewitched my addled mind.

"Well done, chaps, you're catching up on the schedule"—some pathetic idiot drones.

Great gulps of foul, oily pink elixir—Beecham's Best—a "glucose syrup drink with added salt for the vigorous and active", I quote ad inf. ad naus.

Level's dropping, cheers, clapping, on we go again. It's getting better and some fool is washing us down in his 350 h.p. race-about plastic gin palace.

Everybody is tired.

I desperately need a bed and it's getting dark again.

Home waters! 17 miles to go.

"Christ, we've missed the tide!"

Silent tears spatter my blade handle. Every bridge has supporters—through Putney, Wandsworth, Chelsea, Westminster, Waterloo.

A police launch slides menacingly in from the darkness—a pike after our feeble fish.

"Can't catch me now—there's Southwark Bridge! Home.

London Bridge erupts in a cacophony of drumming boards, cheers and yet more rockets.

We beach at Traitor's gate—

My head feels like falling off, too.

James C. Miller.

CONCLUSION

Above you have read of the passage of our coxless IV from Oxford to London. I would like to thank everyone who helped to make the marathon such a success. The crew were most moved by the moral support received from their sponsors and by the practical support given by the land parties. The latter, by their very presence and verbal encouragement, revitalised the IV at every lock. I also wish to express our appreciation for the co-operation received from the staff of Guy's Hospital, Oxford University, Imperial College Boat Club, the Port of London Authority, the Thames Conservancy Board, the River Police and the Governor of the Tower of London. Finally, we wish to acknowledge the warm-hearted cheers of those who waited so long on London Bridge, which penetrated our numbed minds, gave us the strength to row those last few yards, and left us with a memory we shall always cherish.

Michael Gleeson,
Captain of Boats.

NOTICE

Symposium : The Patient's Attitude to the Doctor

Chairman : David Stafford-Clark, M.D., F.R.C.P., D.P.M., York Clinic, Guy's Hospital.

Marshall Marinker, M.B., B.S., General Practitioner.

Professor Ian Donald, M.B.E., M.D., F.R.C.O.G., Department of Midwifery, University of Glasgow.

Pamela Lewis, A.I.M.S.W., A.P.S.W., Head of Department of Social Work, The London Hospital.

To be held on

Tuesday, 17th November, 1970, in the Anatomy Theatre at 5.45 p.m.

NURSING SECTION

Post-Graduate Intensive Therapy Nursing Course

The first set for the Post-Graduate Intensive Therapy Nursing Course started on 7th September. This is an exciting new venture into a very important and rapidly advancing field of nursing.

Our aim is to give a nurse a thorough understanding and knowledge of nursing care in an Intensive Therapy Unit, and a working knowledge of the special equipment used in such a unit.

The course is 27 weeks (six months) in length, followed by 2½ weeks' holiday. Up to 12 students, State Registered and State Enrolled Nurses, are accepted per course, and enter at six-monthly intervals—March and September.

Each group will have one week's Introductory Block prior to commencing work in the wards followed by ½-study days.

1st ward (9 weeks) ½-study days 8—Surgical I.T.U.
2nd ward (8 weeks) ½-study days 8—Medical I.T.U.
3rd ward (9 weeks) ½-study days 8—Major Surgical Ward emphasising Cardio-Thoracic Nursing.

The second group will enter a week before the first group leaves so that there is a continuous flow of nurses in the wards. Internal rotation of night duty will take place during ward experience, and a rotation throughout the ward areas is carefully planned. Holidays will not be taken during the period of the course. A 42-hour week of shift duties is in progress, and the nurses are paid according to the Whitley Council Scale. A Nurse Tutor and experienced Ward Sister are in charge of the courses giving clinical teaching in the wards as well as organising the study days.

Doctors' lectures, films and demonstrations are given throughout, and an examination will be held at the end of the course. Those nurses who are successful will be awarded a certificate.

The syllabus includes applied anatomy and physiology; causes, symptoms and well-known signs of diseases and disorders; reasons for investigations; treatment; nursing care, including observations and records; normal course of disease and complications; social and emotional aspects and rehabilitation of the patient.

Quite a task, but we are all enjoying tackling it. The next entry dates are 8th March, 1971, and 6th September, 1971. I.S.

CORRESPONDENCE

Presentation to Mr. Batchelor

SIR,—I would be glad if you would allow my wife and myself to use your columns to thank the Rugby Football Club and the many kind friends and past players who contributed to the generous presentation of pewter goblets which was made to us at Honor Oak Park after the match against Tredegar.

This gift is greatly appreciated, and it will remind us, in our retirement, of many happy days following Guy's rugby, and of the many friendships we made. We are most grateful.

Yours sincerely,

J. S. Batchelor, F.R.C.S.

78, Harley Street,
W1N 1AE

The Fixture List

SIR,—Guy's R.F.C. had the following results against Cambridge University:
1966-67 Lost 9—11.
1967-68 Won 8—6.
1968-69 Lost 14—6.

I know nothing of H. P. Briggs, and even less of his knowledge of rugby football, but these can hardly be termed "annual humiliations".

The past few seasons have been some of the most successful sides in Guy's history, playing in a high standard of first-class rugby. Indeed, the 1967-68 side recorded victories over Cheltenham, Bedford and Wasps, in addition to Cambridge and Gloucester. Far from humiliating, these were some of the finest results for many years, especially so considering the limited student intake and comparative youth of the sides.

The club may indeed be due for a lean spell (what clubs are not from time to time?), and need fresh blood, but it has certainly no need whatsoever for the defeatist pessimism propagated by the likes of Mr. Briggs.

Yours sincerely,

Graham Hey.

Guy's Hospital,
London, S.E.1.

Hot Stuff

SIR,—May I through the *Gazette,* thank all those ladies who have so kindly sent in recipes for the revised edition of the Guy's Hospital Ladies' Association Cookery Book.

The price of this book and date of sale will be announced through the *Gazette* as soon as possible.

Yours sincerely,

M. K. Salmon,
Hon. Secretary.

Guy's Hospital Ladies' Association,
Guy's Hospital,
London, S.E.1.

Action is better than Apathy

SIR,—I am surprised that no one has passed any comment on the Nursing Section of the last *Gazette*! [10th October.]

Many nurses do not know what we are fighting for—they are too apathetic and too happy to bask in the "poor hard-done-to nurse" image. Yet they are quite vocal in the dining room!

A shorter working day would be nice—if practical, but as the author says—who will provide the nurses?

Guy's is lucky, according to the Government we have well above our quota of nurses! But the Government does not work here, trying to maintain the fine standards set by Guy's tradition.

As knowledge increases, nurses do not just "wipe the fevered brow"—we nurse, and we know why we are doing what we have been asked to do—not just following orders.

We all know we are fighting a battle to keep up standards with a decreasing number of staff—why? Because the money is so bad—even nurses have to live!

If money is irrelevant why does the Government pay Forces' nurses £200 a year (as Staff Nurses) more than a first-year Sister gets, in the National Health Service?

Also, why do so many girls work for agencies?—for the money. Yet the Government is paying them elevated rates of pay to staff N.H.S. wards!

If nurses' pay was improved, nearly all these girls would return to the N.H.S. They would also appreciate acknowledgement of overtime worked (because of nurse shortage and the feeling of responsibility felt by the Senior Nursing Staff).

How about a few more nurses (Guy's and others) thinking and **doing** something about the situation, instead of just complaining over their hurried lunch, if they are lucky enough to get there!

Congratulations, Sister Jefferies, on your article.

Yours sincerely,

Margaret Trevelyan (Sister).

214, West Wing,
Guy's Hospital,
London, S.E.1.

BOOK REVIEW

ASTHMA—A GUIDE FOR PATIENTS

K. Michael Hume. Published by the Chest and Heart Association.
104 pages. 16s. 0d.

This book, which is published by the Chest and Heart Association, is designed to be a practical help to those members of the public who suffer from asthma. It is very difficult to write in such a way as to satisfy those who demand an accurate, scientific essay, as well as providing information for the public in a simple journalistic manner. The author has managed to write successfully for both types of reader, but I fear has pandered too much to many of the myths about asthma. Many of the statements he makes have their origins in folklore, and I think it is a pity that they have been perpetuated, coming as this book does from such an eminent source. The book is readable and should be of interest to medical students particularly if they are interested in a brief review of the history of the subject which is given in the first chapter. If the folklore could be purged from the book, it would be of greater value to patients than at present.

T.J.H.C.

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SPORT

SPORTS COMMENT

As the usual confusion of the beginning of a new term dies down, there is a new pattern of sporting interests emerging.

This year the Football club has become oversubscribed with enthusiasts. It has become possible for them to run four teams and still have players waiting for games. After many years of difficulty, it must be a great compensation to this energetic club now to be so popular.

The same is not true of the Rugby club. This club, which is struggling to remain a first-class rugby club, is blighted each year by a dwindling number of new players. The new students coming to Guy's no longer come to play rugby. Indeed, this year only 25 students were keen on playing rugby for Guy's. It was only five years ago that Guy's ran eight teams per week, now there are only five. Such is reflected in the first fifteen performance. It is left only to appeal to the powers that be, that more rugby playing entrants may be allowed to study at Guy's instead of other hospitals. Perhaps some canvassing of the preclinical Oxbridge students into entering Guy's for their clinical studies may attract some of their rugby blues to Guy's.

The Hockey club is also affected by the continuing drift away from sport by Guy's students. This year many of their finest players have left, and there have been few new players to fill their gaps. As a result, there has been a fall in the number of sides.

It is to be hoped that there has not been too great a loss in the fine, sporting spirit at Guy's, as even today it is one of the major characteristics of the Hospital.

RUGBY CLUB

REPORT OF 1st XV MATCH

Saturday, 17th October. H.O.P.
Guy's 15, Tredegar 28.

In a most entertaining game at H.O.P., Guy's recovered some of their composure and dignity which had been submerged at Grange Road the previous week and surprised a Tredegar side which had been expecting an easy victory. In fact, the final margin rather flattered Tredegar, and with a little more application at crucial points of the game, Guy's could easily have won. The Guy's forwards displayed some rousing play in the loose, and several times excited the crowd with forward rushes down the field. The tight play, however, was disappointing and the visiting forwards dominated the line-outs and scrums where the tight heads went 9—1 against the hospital. Guy's most productive ploy from the set pieces was the long throw and peel at the line-out.

Tredegar opened the scoring early in the game with an orthodox movement from a cleanly won line-out, the wing going over near the corner. Guy's retaliated, and a series of accurate kicks from Danford at fly-half drove the visitors back to their line. From the ensuing line-out, Guy's took a long throw and Mathews gathered and burrowed over. At this stage the heavier Tredegar pack were pushing the Guy's eight well back in the tight scrums, but it was Guy's who went into the lead with a 25 yard penalty by Danford. Tredegar were making the most of some weak Guy's tackling and scored 2 tries in quick succession, both from set pieces. For the second time, the elusive Tredegar centre disappeared into the Guy's pack as they were breaking up from a line-out, and surprisingly emerged the opposite side to score. A fine penalty from Danford from just within the Guy's half levelled the scores, but following a switch of direction in midfield the Welsh side restored their lead, catching the defence flat-footed. This try was converted. Just before half-time, Guy's came back into the game with another try by Mathews. From a line-out on the half-way line, the long ball and peel achieved possession again and the ball was slipped by Fallowfield to Mathews, who ducked under the immediate defence and made for the opposite corner. Treating the distance to the line with due respect, he looked for support, but finding other men marked, carried on and to his own surprise just made it. The half-time score was then 12—14.

The second half began with an impressive forward rush, most forwards handling in a move to the Tredegar "25". Pushed back by a long kick, a blatant obstruction led to a further three points to Tredegar. Then came the try of the match: the forwards conjured up possession from four rucks in succession, the ball crossing the full width of the field each time by virtue of sound handling by the threequarters, and from the fourth Mathews gathered and dived over at the referee's feet to complete his hat-trick. However, this was a team effort, and reminiscent of the best form of the side three years ago. The hospital continued in this vein for some time, but were caught badly on the hop when the ball was wrenched from the Guy's captain as he was about to score between the posts, and a quick drop-out was taken by the Tredegar fly-half, who picked up and ran the length of the field to score. Somewhat discouraged, the hospital allowed Tredegar to score twice more, one try being converted, to make the final score 15—28. For Guy's, sound performances from Mathews, Danford, Fallowfield and the fresher Evans at prop, but in the end a disappointing margin between the two scores.

S.J.C.

Team : A. Fallowfield, D. Oram, M. Coe, J. Price, T. Druett, B. Armstrong, M. Danford, P. Mathews, D. Stuart, S. Cembala, G. Evans, T. Want, R. Burt, R. Massey, M. Portelly.

Physiotherapy School Hockey

v. The London Hospital School of Physiotherapy

On Saturday, 24th October, at Regent's Park. Result: Won 4—0.

Team: P. Lawrence; E. Pote, J. Hutchins; A. Schott, R. Cotton, T. Hamblin; H. Strange, S. Edwards, L. Bray (Capt.), A. Clooney, S. Mutimer.

The "Evening News" Week-end Golfers' Tournament

Wednesday, 30th September.

Won by Hamish McMichen, 2nd year Clinical Student.

Morning round with K. J. Smith, St. Augustine's (Hand. 9), 3 and 2 match play.

Afternoon round with P. Bax, Thorpe Hall (Hand. 3), 2 and 1.

Played at Camberley Golf Course.

DO YOU SUFFER?

Do you wake up every morning with that Monday feeling? A feeling of frustration and anxiety that comes with worry about personal problems and ailments?

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SQUASH RACKETS

6th October v. The Artists

Result: Lost 4—1.

The first match of the new season was against a strong team, made up of graduates from Trinity College, Dublin, and Nottingham University. Jerry Owen ran well against a better opponent and Chris Langdon had an easy win at 5 (J. Owen lost to J. Black 2—3; E. Evans lost to I. Courtney 0—3; A. Edwards lost to S. Stubbings 0—3; J. Mackay lost to D. Vigar 1—3; C. Langdon beat J. Brown 3—0).

13th October v. Baltic Exchange

Result: Lost 4—1.

This proved to be another very strong team and beat Guy's quite comfortably. Jerry Owen again showed his fitness. Edward Evans and Tony Edwards were overwhelmed. Chris Langdon was narrowly beaten in a hard hitting game and John Lewis saved the day by winning easily at 5. (J. Owen lost to A. Klima 1—3; E. Evans lost to P. Collins 0—3; A. Edwards lost to P. Moorson 0—3; C. Langdon lost to A. Harvey 1—3; J. Lewis beat C. Lewis 3—0).

22nd October v. The Exiles

Result: Lost 5—1.

A most entertaining match, which Guy's were a little unlucky to lose so heavily. Tony Sutherland played well but was not good enough to worry Peter Collins. Jerry Owen just lost an excellent match at 2. Edward Evans and John Mackay ran well but could not cope with their opponents' accurate drop shots. Philip Boyce, at 5, won a long match from 2—1 down, and Richard Paisey was just outplayed at 6. (A. Sutherland lost to P. Collins 1—3; J. Owen lost to K. Saunders 2—3; E. Evans lost to B. Theo 0—3; J. Mackay lost to R. Betton 1—3; P. Boyce beat R. Johansen 3—2; R. Paisey lost to D. Sayer 1—3.

29th October v. Old Tonbridgians

Result: Lost 3—2.

Once again Guy's were outclassed at 1 and 2. Edward Evans was unable to dominate his opponent and Paul Calvert could find no way past his 6ft. 6in. tall opponent. Chris Langdon lost a close, hard hitting game at 3 and Tony Edwards had an excellent win at 4. (E. Evans lost to D. Le May 0—3; P. Calvert lost to P. Raymond 0—3; C. Langdon lost to M. Bickmore 1—3; A. Edward beat T. Jenkins 3—1; I. Harrison w/o.).

28th October, Exhibition Match

A disappointingly small gallery of about 15 saw a superb display of top class squash, between Tony Swift, one of the top players in the country, and Chris Wilson, a Scottish International. The first game was won by Swift after 20 minutes of extremely hard hitting with very few drop shots or boasts. This obviously took a lot out of Wilson, because Swift easily won the second game, by slowing the pace and playing some very delicate strokes. Swift relaxed in the third game and Wilson won easily. This gave him new energy and, with Swift struggling, Wilson took the fourth game to make it 2—2. In the last game Swift forged ahead to lead by 4—0 and, shortly afterwards 7—3. Wilson fought back to 6—8, but Swift then broke his service and won with a superb boast. (Swift won 10—9, 9—3, 1—9, 4—9, 9—6).

I would like to thank both players for an excellent display of top class squash. It is hoped that there will be another exhibition next term when, maybe, more people will come and see just how good top class squash can be.

SOCCER

King's College IV v. Guy's II

Saturday, 24th October, at Mitcham. Result: Won 4—1.

Never before has the second XI played with such enthusiasm, with such skilful, co-ordinated teamwork between backs and forwards, and with attacking moves that can only be described as brilliant. Every single player on the Guy's side deserves mention for his total involvement in the game.

The backs almost abolished any attempts by King's College to set up any organised attacking moves, and although the latter managed some fine shots, Walsh (goalkeeper) made sure of all but one. Perhaps the secret of the success Guy's had in this game lay in the very strong midfield position the team maintained throughout, and the superb switches of ball from wing to wing. Martin Taylor and Harridine, the basis of the great midfield strength, and Ken Taylor at left back, all tackled vigorously and sometimes almost viciously chopping men down left, right and centre. Edwards at right half and Braine at right back, were also both tackling well; however, in addition, all the back five having gained possession, made use of the ball, laying it on nicely and setting up some fine attacks for the forwards, who made the most of an enormous pitch and literally overran the King's College backs.

Coley played extremely actively on the left wing, and with great confidence and fine ball control, laid on some useful balls for the inside three. Armstrong used his speed very effectively down the right and made some beautiful crosses. Continuous changes in the direction of attack created large gaps in the King's College defence, which enabled the inside three to run on to through balls and crosses and so penetrate the defence. Leeburn, in addition to playing some excellent football with Epps and the rest of the forwards, made some good crosses, two of which directly led to goals.

Finally we come to the question of who scored the goals, and the new centre-forward phenomenon of the season, namely Brummell, recently converted from left back. In the first five minutes of the game, Brummell took a cross from Armstrong in the middle of the penalty area, dribbled three yards and power-drived the ball high into the net. The second goal came from another cross by Armstrong to Coley, who, with a dynamite shot from an impossible angle, scored by a rebound off the horizontal. Similar was Armstrong's goal; however, after landing two feet behind the goal line, the ball bounced out and was disallowed. In the second half, Brummell put in a beautiful corner from Leeburn. And again from a cross by Leeburn, bouncing dangerously ten yards from the King's College goalmouth, Brummell struck the ball in mid-air, from the right side of the goal over the goalkeeper's head and into the net, thus completing his hat trick.

This game was the most enjoyable many of the second XI have played, and its almost dazzling display of really good football, certainly suggests a successful future for the second XI, provided it does not simply become a last minute reserve store for the first team as has happened in previous seasons.

I. Mature

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HOCKEY

Guy's 1st XI v. Teddington 2nd XI

Result : Drawn 1—1

In this game, played on an all-weather surface, the most impressive problem was to see the ball through the clouds of dust which rose up around the players. For the first half there were two well-matched sides, but in the second half, Barry Jones scored well for Guy's as the side reached their peak. He picked up a loose clearance five yards from the circle, and as he advanced, hit the ball just on the line.

The roars of the spectators behind the goal then informed our defence that somewhere under the dust storm, the ball had been put in the net. Now Guy's subsided and it was Stuart Cripps (Captain of Guy's, 1967), who made the equaliser for Teddington. A fine cross followed some hard running up the right, and the left wing deflected the ball into the roof of the net.

Once again the defence had to play extremely well, for the forwards finding it hard to stop and control the ball, lost possession almost as soon as they received it. Passing was too slow and well telegraphed to outwit a skilful defence. At full back, David Crafts played a very good game, and it was a pity he didn't quite score following an individual breakaway down the left. The 'keeper deflected his shot. One of the most promising features of the game was the enterprising attacking play of both full backs.

Team: R. Clark, D. Milliner, D. Crafts, P. Nicol, R. Fell, P. Calvert, B. Jones, R. Burns (captain), R. Clark, J. Walker, N. Matthews.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the post of **Senior Registrar** in Paediatrics with duties to commence on 18th January, 1971, and appointment until 30th September, 1971, in the first instance. The appointment will provide training in special as well as general paediatrics and applicants should have a higher qualification and experience in paediatrics. There will be good opportunities for research. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital London, S.E.1 not later than **27th November, 1970.**

GUY'S HOSPITAL

Applications are invited for the post of **Senior Registrar** in Ophthalmology with attendance on three sessions a week from 1st January, 1971. Forms of application are available from the Superintendent, Guy's Hospital and should be returned by **20th November, 1970.**

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Dr. Michael D. Steyn, 32 Hill Street, Camden, N.S.W. 2570, Australia.

Dr. and Mrs. J. Matthews, Emily's House, 46 Irsha Street, Appledore, N. Devon.

BIRTHS

COOK—On 23rd September, 1970 at St. Rita's Hospital, Sydney, Cape Breton, Nova Scotia, Canada, to John and Julie Cook, a daughter Andrea Jane Gordon.

DAVIES—On 21st October, 1970, to Judith (née Harries) and George Rhys-Davies, of 29, Warwick Road, Sketty, Swansea, a daughter Joanna Oriel, a sister for Katherine Sarah and Matthew George Rhys.

HENRY—On 11th September, 1970 at the Cardiff Maternity Hospital, to June (née Lively) and David, a son Daryn Vaughan. Present address: 14 Heol Trelales Laleston, Near. Bridgend, Glam.

HICKS—On 10th October, 1970, to Jacqueline and Brendan, a daughter, Amelia Clare. Present Address:—Cromlix Cottage, Summer Hill, Chislehurst, Kent. Tel: 01-467 6495.

NEWMAN—On 12th September, 1970 to Chris and Cynthia, a son, Jonathan Paul, a brother for Timothy.

MARRIAGE

JOHNSON—HIGLETT—The marriage took place on 26th September at St. Michael's and All Angels' Church Bassett, Southampton, between Wendy Jane Higlett and Nigel Derrick Marson Johnson. Present Address: 79 Corinthian Road, Chandler's Ford, near Southampton. Tel: Chandler's Ford 3708.

DEATHS

GLEN—On 27th October in Luton, William McIvor, L.D.S., aged 57, of 83 High Street North, Dunstable, Bedfordshire.

GOODSON—On 11th September, 1970, Stanley Walter Goodson, L.D.S., R.C.S.Eng. after a short illness

PAPERS BY GUY'S MEN

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We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

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GUY'S HOSPITAL GAZETTE

EDITORS S. M. KILPATRICK and N. D. S. BAX
SPORTS CORRESPONDENT T. W. HIGENBOTTAM
NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2148

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Some years ago it was announced that a cure for leukaemia had been found, and some people rushed to see the doctor involved. It soon turned out to be a fraud, leaving these people poorer and undoubtedly wondering if medicine was quite as ethical as they had previously thought. Over the past few weeks we have been inundated with information about Dr. Joseph Issels and the clinic he runs in Bavaria. Here, he claims, and a statistical examination of his case records supports him, that he has been able to increase life expectancy in some cancer patients who can be helped no more by conventional therapy. He maintains that his results are about sixteen times as effective than those obtained by other methods. However, no clinical trials have so far been done. The reason for this is because Dr. Issels does not feel there is any justification for treating two patients, one by one method, and the other patient by either a method he feels is less efficacious or by making them a control with no treatment at all. One hopes that just because National Health Service patients in this country do not pay hospital fees, they will never be exposed to clinical trials that do not give them the greatest chance of improvement or recovery.

It is because of the fact that a doctor's job is to restore and maintain health, that Dr. Issels' work should be examined very carefully and as speedily as possible. To condemn without first having all the facts available and interpreted is unwise. However, the condemnation will be severe if the claims Dr. Issels makes are unfounded.

One feature of Dr. Issels' treatment that has received considerable attention is the stress that is placed on the maintenance of the patient's hope, albeit in an expensive way. Psychological support is essential for all patients whether or not they be terminal. This is nothing new. This service may in part and for some, completely warrant a trip to Dr. Issels' Clinic. There may be many patients who go to the clinic whom Dr. Issels knows will not recover. The service he gives to these people can only be the same as that which would be obtained elsewhere. For those who recover, Dr. Issels may be offering something that is unique. It is essential that his work be evaluated.

Health is not Economic

Medicine in 1970 is branching into many exciting new fields. Sophisticated techniques are evolving so rapidly that anyone who has left one part of medicine for a year or two finds himself completely lost on returning to it. Procedures such as renal transplantation, heart valve replacement, and pacemaker insertion are now accepted as routine. Expensive gadgetry has been devised to match these procedures and monitors are available for measuring values that were not even known to exist some years ago. The interior of Starling and Cornelius bears a closer resemblance to the Kennedy Space Centre than to a hospital ward of ten years ago.

While progress should be applauded rather than criticised it must be admitted that the rest of medicine has dismally failed to keep up. Support for these exotic services is not available: the techniques are here but the people are not. In addition basic but essential services are not available after hours, at weekends, or occasionally at all, because there are no technicians.

The inadequacy of the service offered to the public becomes more obvious when one turns to "front-line" medicine. Any House Physician on take-in spends much of his time attempting to refuse patients or get them accepted by another hospital. This is hardly a positive approach but it is forced on him if he does not want to fill the ward with elderly patients crippled by strokes or other natural diseases of age. There is no medical treatment to help or cure such patients, and the only reason they are admitted is because they are unable to manage at home. This in turn is a reflection of the money or lack of it that is spent on the Social Services.

This gap between advanced medicine and the service received by the public as a whole will always be present unless a much greater proportion of the national product is diverted towards health, at the expense of other fields. Since health is uneconomic, providing almost no return for the money invested, this prospect is unlikely. Health is humanitarian rather than productive. If we want a service that is adequate, we, and the public, must be prepared to pay for it.

GUY'S DIARY

NOVEMBER

24 Tu 5.30 In Physiology Theatre. Lecture in series on "Ethics in Biology". Dr. J. DAVOLL, of the Conservation Society :
"The next twenty years and after".

27 F 1.00 Clinical Lecture. Dr. SCOTT, "Tuberculosis".

2.15 Combined Round in Pre-Clinical Classroom.
Speaker : Professor ATKINS.
Chairman : Dr. ABRAMS.

30 M 1.00 Clinical Lecture. Mr. MAYNARD.

DECEMBER

1 Tu 1.00 Clinical Lecture. Mr. DOUEK.

3 Th 1.00 Clinical Lecture. Dr. PADDLE.
"Management of Cardiac Arrest".

4 F 2.15 Combined Round in Pre-Clinical Classroom.
Speaker : Dr. EVANS.
Chairman : Dr. OGG.

DYNAMIC PSYCHIATRY, PSYCHOANALYSIS, AND THE TEACHING HOSPITAL

A Commentary

by

Harold Maxwell, M.D.

Department of Psychological Medicine, Guy's Hospital, London.

At the present time three or four provincial, and seven London Teaching Hospitals have, in their departments of psychiatry, psychoanalytically-trained personnel, who participate to a greater or lesser extent both in the undergraduate teaching programme, and in the treatment of patients by analytically-orientated psychotherapy, a term which constitutes part of the total concept of "Dynamic Psychiatry" described as follows by H. Wolff in the "Place of Dynamic Psychiatry in Medicine" (Soc. of Clin. Psych. Reports, 1970.)

> The historical development of the term "dynamic psychiatry" has drawn attention to the fact that Freud's concern with the dynamic interplay of psychological forces was similar to, and in fact directly influenced by Hughling Jackson's earlier concern with the dynamic interplay of neuro-physiological forces in the nervous system. The concepts which have resulted from Freud's discoveries now constitute the essence of psychoanalysis which in turn laid the basis of the psychodynamic approach. The fundamental contribution of the psychodynamic approach to psychiatry has been to draw attention to the importance of psychological forces for the understanding of normal and abnormal human behaviour and of psychiatric illness. This has been of the greatest importance in view of the tendency to over-emphasise the purely biological and environmental aspects of mental illness.
>
> However, Freud himself always remained aware of the fact that all psychological phenomena have their physical counterpart, and our knowledge of the interaction between biological and psychological phenomena has greatly increased since his days. Moreover, although psycho-analysis has provided the major contributions to the psychodynamic understanding of mental processes, other psychological approaches and schools have also made their contributions. Further, intrapsychic processes cannot be properly considered apart from the individual's experience in relation to his personal environment and the social network he belongs to.

For these reasons we are using the term "dynamic" as having a wider meaning than the term "psychodynamic". By the term "dynamic psychiatry", we refer to an integrated approach which tries to understand the experience and behaviour of the individual, in health and disease, as the result of the dynamic interaction of multiple forces or processes, including biological and psychological, intra-psychic and interpersonal, individual and social processes. "Dynamic psychiatry" emphasises the continuous interaction of psychological and physical phenomena, and the influence of personality development since childhood, as well as of social relationships on present day patterns of living and reacting. In the latter context it concerns itself especially with the study of intrapsychic phenomena, including conscious and unconscious mental processes; with inter-personal phenomena, especially the doctor patient relationship; with the relation of the individual to the family, society and culture to which he belongs and with all the processes of human interaction and social learning which this involves.

It thus leans, on the one hand, on the basic biological sciences and, on the other, on the various behavioural sciences, including psycho-analysis psychology, learning theory, sociology and social anthropology. In essence, it approaches each individual as a psychobiological entity inseparable from and constantly interacting with his environment. Therefore, the dynamic psychiatrist uses physical, including psycho-pharmacological treatment methods and psychological, including psychotherapeutic behavioural and social procedures, singly or in combination, depending on each individual patient's needs. In doing so he will often work together with non-medical personnel, especially social workers, health visitors and members of other social agencies.

It is this comprehensive dynamic approach which, we submit, should provide the theoretical and practical basis not only for psychiatry, but for the whole of medical practice.

The axiom that a very high proportion of the future doctor's work will consist in the management of emotionally determined disease, resulted in 1967 of a survey carried out by the Royal College of General Practitioners as to the amount and form of psychiatric teaching in the Medical Schools.

It was found that *psychotherapy,* that is the treatment by suggestion and or interpretation, without the adjuncts of drugs and other physical methods, constituted a varying proportion of the curricula; in fact, almost half of the medical schools under review provided no instruction in this subject, while the rest varied in the form and amount of psychotherapy—teaching that they offered. That the subject is a difficult one to instruct is suggested by the fact that in the majority of textbooks of psychological medicine the concept of "psychotherapy" carries a proportion of less than 2—3% of the text.

The fact that psychotherapy is an *interaction* between patient and therapist highlights first, the significant importance of the trainee's experience and personality, and second, the professional orientation of the psychotherapy-teacher. Clearly an undergraduate in his late teens or early twenties will require a different approach in psychotherapy-instruction to that needed by say, an (older) psychiatric registrar. Occupationally speaking, it is not even necessarily the future doctor or indeed the future psychiatrist, who will become the most proficient psychotherapist; innate empathy and insight is just as likely to be the prerogative of a social worker, clergyman or barman (friends are usually too involved).

With regard to the *teacher* of psychotherapy, it might be thought that *psychoanalysts* could, by virtue of their special training and experience, have a part to play in highlighting to medical students and others, some of the principles on which their work is based, and which frequently (though they do not believe that they have the monopoly of this), play a part in helping the patient.

The term "psycho-analyst" itself has a strict meaning. It describes one who, having satisfied its training requirements, has been elected Member or Associate Member of the International Psycho-Analytical Association which Freud founded. Though the term thus has its own distinction resting on historic, scientific and institutional rights, there is no legal bar to anyone not so trained calling himself a psycho-analyst, and unfortunately there are self-styled "psycho-analysts" who create public misunderstanding about the term and the profession. Psychoanalytic training is carried out in this country by the British Institute of Psycho-Analysis; it consists of several years' personal analysis, nine academic terms of lectures and seminars, and analysis of patients under the supervision of a senior training analyst.

Essentially the aim of psychoanalysis is an alteration of the patient's faulty methods of coping with emotional problems of living. The analyst's main tool is the investigation and resolution of the inevitable *transference* which occurs between himself and the patient, consequent upon their frequent meetings, and relative anonymity of the analyst. The transference may be defined as conscious or unconscious feelings of an inappropriate nature felt on the part of the patient towards the analyst. These feelings originally belonged to significant persons in the patient's early life, and of course may be of an affectionate or hostile nature.

Freud considered the whole procedure to be first, a theory of psychological development, and in this author's opinion, the most suitable time for imparting psychoanalytic principles is during a course of normal psychological theory early in the medical curriculum. Second, it is a means of investigation, and the fact that it is thirdly a therapy is, as it were, a fortunate by-product. In its full sense its applicability is limited to those patients with a high degree of motivation, whose psychic defences are not considered too rigid for the 4—5 times a week investment in time and effort which full analysis demands. In addition, there are only just over 200 practising analysts in the United Kingdom, and the number under training at any given time is relatively small. Thus on all counts, the number of patients who can be helped in this way is limited. This fact has made it essential for many, if not most analysts to practise psychotherapy, both individual and group, in addition to formal analysis.

At various times the British Psycho-Analytical Society has considered sponsoring courses in psychotherapy, the question still being under review. For now, however, the imparting of analytic principles will have to take place, as it were, extramurally: that is, within other education establishments, including the medical schools, hospitals, child guidance clinics and various industrial organisations, as analysts' capacity to observe unconscious mental forces gives them a viewpoint valuable for the understanding of the roots of human behaviour in many different human settings, not only clinical.

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OBITUARIES

Dr. L. J. Barford

Leslie Joseph Barford, D.M., B.Ch., M.R.C.S., L.R.C.P., F.B.M.A., F.R.S.M., late Senior Physician and Director of the Department of Rheumatology, East Surrey Hospital, died at his home at Leigh, Reigate, on the 29th October, 1970.

At all times his demeanour was dignified and gentlemanly; his presence commanded the respect which was always deservedly shown to him. His clinical acumen was well recognised and his earnest desire to ease the discomforts of sufferers from rheumatic and arthritic conditions led him into international fields, where he gained rightful recognition.

Over recent years he had borne the rigours of physical discomforts in the same spirit with which he was able to endow sufferers from chronic ill-health.

Those who could not get to know him were those who failed to sparkle with him in his deep sense of humour.

His dedication to his work in Hospitals and in General Practice was complete. Chairmanship came easily and was invaluable; his drive, initiative and clear thinking were well recognised in his work within his own partnership, the B.M.A., and on many other committees.

Deepest sympathy is extended to his wife and family by his associates and colleagues.

E.C.L.

Herbert Shires Murray, L.D.S., R.C.S.

Herbert Shires Murray qualified at Guy's Hospital in 1923, then served as a House Surgeon for six months.

Moving to Yorkshire, he was in general practice and an active member of the P.D.S.A.

He later moved to Harrow, and during the last war was a Captain in the R.A.D.C.

When the late Dr. Malik and others began the General Dental Practitioners' Association, Herbert Murray became a founder-member, seeing in this new organisation something of value for the general dental practitioner.

Loyal, hard-working, yet quiet, Herbert rapidly gained the respect of all those who knew him.

Elected to the post of Treasurer a few years ago, Herbert found a niche into which he could happily immerse himself.

His Association books were meticulously maintained, and quietly he would tell Council what they could, and could not spend.

Time and again he refused the honour of President, for he was also a shy man; shunning publicity.

It is ironical that when at last he agreed to become President elect, he died before taking office.

The whole profession is the poorer with the death of this man, an example of a conscientious and honest dental surgeon.

L.B.L.

NURSING SECTION

The Weekend

We are told that the British invented the weekend, and, the majority of us consider it to be a most honourable institution. Like so many of our national traditions, it causes not a little amusement to our cousins on the other side of the channel. One wonders, however, what could be their views, when told that the British are at present rapidly inventing the five-day hospital.

To nurses in this country, weekends provide more frustration than anything else. From 5 p.m. on Friday until 9 a.m. on Monday, working in a hospital is somewhat akin to being placed in the centre of the Mongolian plateau, except of course that one has sick patients instead of pandas for company!

Anyone who has the misfortune to require hospital treatment between the previously stated times is much to be pitied. On arrival at hospital, what will he discover? There will be nurses, medical staff, porters, and catering staff. These are the only groups who provide a full seven-day service. Should he require diagnostic X-ray, physiotherapy, drugs, or laboratory investigations, these will be well nigh unobtainable except under the most dire circumstances.

Once upon a time one was always taught that hospitals were built for the benefit of those who become ill. Their present function, however, is apparently to serve as a benevolent society for their staff. It seems totally incomprehensible that services can grind to an almost complete halt for what amounts to thirty-three per cent of the time.

The cost of the Health Service is constantly being quoted to all who work therein. How much money, however, is wasted by the fact that patients have to occupy beds unnecessarily because it is the weekend, and results of investigations have not been made known to the wards?

The result of this mass closure means that there is on Mondays an enormous back-log of work, the clearing up of which appears to take the greater part of the week. For nurses there is nothing more annoying than the telephone ringing innumerable times when the reason for all these calls is that the various departments are endeavouring to sort out their affairs.

If the nursing and medical staff were to allow for this type of situation to arise, there would be such a public outcry that the scheme would be made impossible. Why then do they not complain more vociferously about the lack of para-medical services? They are, after all, interdependent, and at weekends the standard of care automatically drops. In addition, why do not private patients register discontent? They are paying exorbitant fees for a full service which functions only two-thirds of the time.

One would not dispute the fact that everyone must have some free time. In view of this it would seem logical that the days chosen to stop operating lists, etc., should be at the weekend. In addition, some respite gives everyone an opportunity to slow the pace a little, and, in the case of nurses, re-order ward stocks, etc. Does it, however, have to mean that for those who are ill, the services are curtailed to a degree which is sometimes even dangerous?

The British might have invented the weekend, but it would seem that in hospitals they are carrying it to unnecessary lengths?

CORRESPONDENCE

Electives

SIR,—We read with interest the Passim of 7th November, concerning student elective appointment in America. Having recently returned from such appointments we would like to point out that it is possible to state a preference for a particular hospital when applying through the B.M.S.A. However, we feel that if it is possible to negotiate directly with a hospital that is prepared to obtain the necessary visa, a more satisfactory arrangement is likely to be obtained.

In order that information is available upon which students may select a suitable hospital for the elective, it would seem a good idea if the impressions of students returning from electives in America were compiled for easy reference. Relevant information could include financial arrangements, quality of teaching, and work programme. From our own experience, some hospitals would not be recommended.

Yours, etc.

J. L. Hewlett.
R. M. Darling.

East Wing,
Guy's Hospital.

The Rugby Club

SIR,—I refer to a letter in your last issue of the *Gazette,* regarding the Guy's R.F.C. fixture list, and in particular the Cambridge University fixture.

It was with regret that I read of the writer's suggestion that the fixture be dropped.

All of the so-called established first class rugby clubs have lean periods in their histories. As far as Guy's R.F.C. is concerned, I think it is right to point out that over the last decade, the record of the club against the stronger fixtures is the best since the war, including very close games and ultimate defeat of the writer's favourite 'Varsity side in 1967.

The record of the rugby club to date this season is admittedly giving cause for concern, but the side is relatively inexperienced and needs encouragement and not letters suggesting the contrary.

Indeed letters of criticism are not worth the paper they are written on, unless containing helpful suggestions.

There are many Guy's graduates playing rugby in and around London who with their experience would be a tremendous asset to the side during this season.

May I therefore suggest and with all due respect put forward to the R.F.C. committee that the rugby club consist of not only undergraduates and graduates working at Guy's, but also of Guy's graduates who may not be working at the hospital.

If we wish to remain a first class club, then by having Guy's players playing every Saturday for other first class clubs, we are surely defeating ourselves, and undoubtedly the fixture list will suffer as a result.

Yours faithfully,

J. E. Davies.

9, Church View,
Baglan,
Port Talbot,
Glamorgan.

Rose Ball—1971

SIR—May I draw your readers' attention to the Clubs' Union Ball which is to be held on Friday, 15th January, 1971, at the Savoy Hotel.

Double tickets are at 5½ guineas, and these will be limited to 200 to ensure adequate comfort for all concerned. Tables for any number up to 12 can be arranged.

Dancing will be to two bands to suit all tastes, and the dinner is guaranteed to live up to the Savoy's usual high standard.

Early application for tickets, from either myself or those named on the poster, would be appreciated.

Yours faithfully,

J. Powell-Jackson,
Hon. Secretary of the Clubs' Union.

Guy's Hospital Club's Union,
Medical School,
Guy's Hospital,
London Bridge, S.E.1.

NOTICES

The Hospital Carol Service, 1970

Wednesday 16th December

More singers are required for the choir to sing at this service. If you sing, why not join us in the Chapel on Wednesdays from 5.30 p.m. to 6.30 p.m.?

Guy's Hospital Nurses' League

THE COSMO AND MABEL BONSOR SCHOLARSHIP, 1971

The Scholarship, value £400, is awarded to members for post-registration study at home or abroad. Applications to The Matron, Guy's Hospital, before 11th January, 1971, with details of the course to be undertaken.

SPORT

SPORTS COMMENT

In these days of accelerated inflation, many Guy's clubs are finding it very difficult to make ends meet, with their relatively small grants from the Clubs' Union, and small sums of cash from the Saturday Hops which each club is entitled to run. Many clubs are unable to finance the programmes which they feel should be run at Guy's for the benefit of the Hospital and its students.

It must pose ever-increasing difficulties to the Clubs' Union officials who must decide how their meagre resources should be apportioned fairly amongst the clubs and societies. This is made even more difficult as the number of societies are increasing at Guy's due to the diverse interests of today's students. It is understood that the criterion on which the amount of money each club receives must be flexible enough to allow such new clubs to have a chance to develop. However, on the principle that justice must not only be done, but seen to be done, would it not be possible for such criterion to be published, along with the amount each club receives? This would then at least prevent the growing discontent amongst the members of the so-called deprived clubs.

If, indeed, the Clubs' Union is deprived of money itself, due to insufficient dues from the counties, is it not time to investigate new methods of raising cash? The Saturday Hops have long been valuable ways by which each club can supplement its income, it surely is time to explore new fields. For example, fruit machines or raffles.

Also the amenities of the Clubs' Union, although unquestionably good in the East Wing, are very poor at Honor Oak Park, which admittedly is used only by a few of the student population. However, most other rugby and soccer clubs outside the University, build and run their own club houses from the proceeds of their own enterprises. It seems strange that such enterprises are not attempted by Guy's clubs which use H.O.P., so as to raise the means for improvements to the property. This would save the valuable Clubs' Union money to be used in other directions.

It is therefore to be hoped that the grants awarded to the individual clubs can become universally known, together with reasons for the various amounts. Also that the element of free enterprise may be introduced into the Guy's Clubs to enable them to raise more of their own money. By this means, perhaps the County Grants may go a little further to help the underprivileged clubs.

HOCKEY

GUY'S 1st XI v. KINGSTON G.S. 1st XI

31st October. Away. Lost 0—1.

This was our first loss this season with a full 1st XI. Guy's were a different team from Kingston, but equal in overall merit. Kingston won by a short corner of dubious legality, our goalkeeper, Bob Clark, being obstructed and thus unsighted. For the rest of the match, the two sides were evenly matched. Our defence once again showed how experienced and efficient it is, although Dave Milliner was surprisingly penalised four times for sticks, the first time this season! Distribution by the half-backs was adequate, but the

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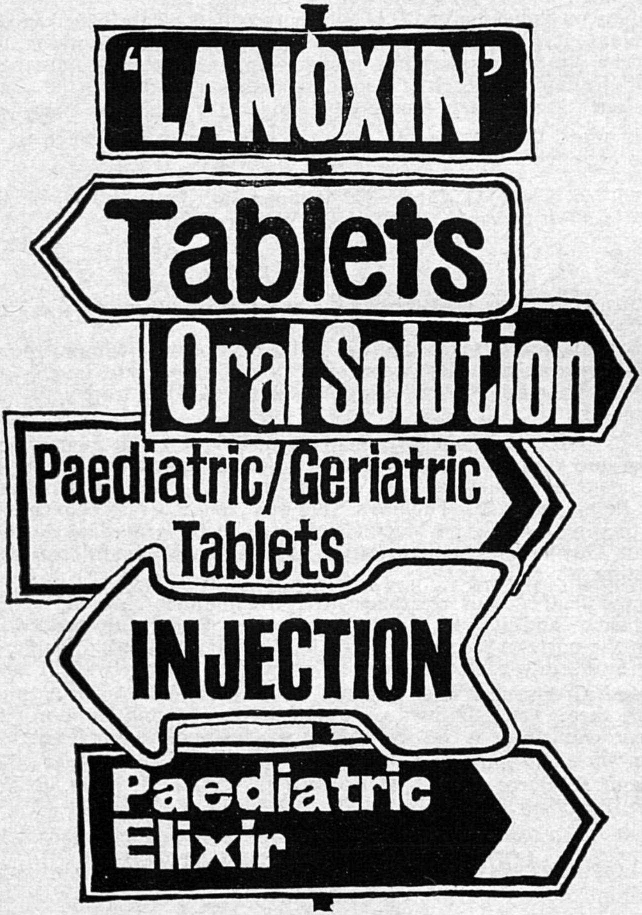
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forwards were unco-ordinated and rarely reached Kingston's circle. There were, however, good cross passes between the inside forwards, John Walker and Roger Burns, but not enough. The wings were not always in position, especially with regard to marking their opposite numbers, who were probably the best wings we have come up against. Kingston showed us that a quick pass to an unmarked wing, followed by a skilful thrust down the wing, is a very productive move. Otherwise the ball tends to stay in the centre too long, so that, instead of going round the opposition via the wings, we always have to batter our way through them instead. This is especially true of hits on the opponents' circle, when the ball often runs untouched over the bye-line and is wasted.

As stated above, Kingston were a different team. They tended to rely more often on individual skill, of which they had plenty, whereas Guy's tried to maintain possession by short, accurate passing, thus working more as a team. This strategy of ours has brought success before and must be practised hard for the cup games. It is also important to give players the confidence to "go it alone" if necessary, thus producing an all-round team with flexibility.

It is hoped that this narrow loss will have taught us enough to defeat the stronger opponents which we have yet to meet.

Team : B. Clark, D. Crafts, D. Milliner, Bob Fell, Phil Nicol, P. Calvert, B. Jones, R. Burns (capt.), B. Clark, J. Walker, T. Bray.

Barry Jones.

LONDON UNIVERSITY SIX-A-SIDE COMPETITION

Guy's did well to reach the final in this competition without their strongest side at Motspur Park. However, in the final they were taught a thing or two by St. Thomas's "A" who won 5—0 to take the trophy for the second year running.

Guy's beat Bart's and Westfield to qualifiy for the quarter-finals, goals by Nicol and Crafts in these games were just enough to get through. Milliner had to make several good saves at kicking back. The quarter finals saw us at our best against St. Thomas's "B" and David Crafts converted a short corner to win 1—0. Queen Mary College fell in the semi-final on short corner tally but Guy's were far the better, Paul Wilmer coming close to scoring several times.

In the final a poor clearance after five minutes gave St. Thomas's "A" their chance—and it was all they needed as Siebert hit the ball precisely between the posts. After this the side hardly touched the ball as St. Thomas's, playing beautifully controlled hockey, showed us what it was all about.

David Crafts and Paul Calvert showed up well in a keen side, but although there were glimpses of neat interpassing and build-up it was not consistent enough. It is no use taking this competition half-heartedly if we want to win and I hope that next year the strongest side will be available.

Team: R. Burns (Capt.), P. Calvert, D. Crafts, P. Nicol, P. Wilmer, D. Milliner, J. Walker.

R.W.B.

LONDON UNIVERSITY CHALLENGE CUP

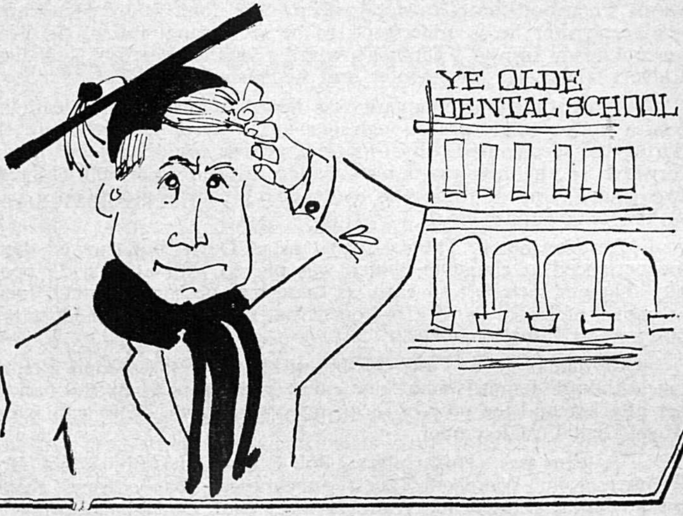
v. King's. Result: Won 1—0.

A goal by John Walker at the end of the first half was enough to win this scrappy game on a miserable pitch. The grass was two inches long and the ball had to be hit very hard if it was to move at all. The pitch proved a great leveller of talent and the difference between the teams, though very noticeable, never appeared as goals. We hope that the Hospitals Cup draw will spare us another trip to Dog Kennel Lane.

Team: R. Burns, M. Vellacott, D. Milliner, J. Cottingham, J. Walker, P. Wilmer, P. Calvert, R. Fell, R. Clarke, P. Nicol, D. Crafts.

R.W.B.

AFTER GRADUATION...WHAT?



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MIXED HOCKEY XII v. THOMAS'S XIII

1st November. H.O.P. Won 3—0.

This year, our mixed team managed to defeat Thomas's without the aid of an umpire. Guy's fielded a strong team of six 1st XI men and six unfit, but very talented females, whom we managed to tempt out of hibernation. Ann Dornhorst was unfortunately a little shy and played in Victorian bathing gear to cover her knees. The girls as a whole, however, showed no such inhibitions in their hockey and played quite intelligently, moving the ball well. Our first goal came from a brilliant attack by our female phalanx of forwards when both umpires were asleep. We don't know what happened to the goalkeeper but he is understood to be recovering well at St. Thomas's from an unknown injury. Thomas's nearly equalised before half-time but Paul Calvert frightened the shooter and he missed the post.

At half-time, their captain was heard to instruct her team in the art of coarse hockey and sure enough our ankles were tackled more than the ball during the second half. By this time, groans could be heard from our female forwards so the rear-guard were called up and Bob Fell obliged by scoring two goals. One of these was made possible by a useful cross-pass from one of the opposition's girls.

After the match, Thomas's beat us at Darts, but showed themselves very inexperienced at clap-clap, which was played with at least 25 people. It is a pity that our girls left so early as these matches are as much social occasions as games of hockey and it is hoped that post-match attendance will be "compulsory" in future matches.

Our thanks go to Peter Stevenson-More for his second attempt at umpiring, although Jennie was at one point seen to pick up the ball and threaten her attacker and the umpire in no uncertain terms. The next match is against Royal Dental in December.

The team was: Paul Calvert, Bob Clark (Jnr.), Phil Nicol, Bob Fell, Paul Willmer, John Wakeham (guest appearance), Barry Jones (capt.), Philippa Birch, Jennie Littlehead, Ann Onyang, Ann Dornhorst, Lynne Turner, Pat White.

Barry Jones.

SOCCER

GUY'S 2nd XI v. LONDON HOSPITAL 2nd XI

Wednesday, 28th October. Result: Won 5—3.

This game, a warm up before these two giants of teams meet in the U.H. Cup, was played at the London's pitch at Edmonton on a windy day. Guy's kicked off using a set plan and the ball moved forward. The first shock of the match came when Brummell nearly scored. Seconds later another shock for Guy's, Brummell nearly scored again. However A. Hall, the demon winger, finally managed to put Guy's into a deserved lead with a "mazey" dribble and splendid shot. The London counter attacked fiercely and soon equalised. Back came Guy's in the form of N. Harridine, whose brave run resulted in the ball and opposing goalkeeper ending up in the net. Two-one to Guy's. Half time approached, but the London equalised.

Not to be outdone by the London's tactical talk during the interval, the Guy's players collapsed for ten minutes. This surprise move seemed to have paid off when a full-blooded drive by Hall's knee soon after the restart restored Guy's lead.

Unfortunately an unusual lapse by defender D. Allison resulted in the London's third and final gaol. Guy's massed in the London's half after this setback and two more goals resulted. One by A. Hall to complete his hat-trick which surely everyone has heard about by now, and one by R. Armstrong from a throw-in by crafty R. Leeburn of which no one has heard.

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Above all you are a naval officer – with the travel, the satisfaction and the full, rewarding life that every naval officer enjoys.

Of course all this happens after your registration.

In the first place, to qualify for a medical cadetship, you must pass your second M.B., or equivalent. After that you must be selected, following a Board interview.

Then while still at medical school, you are just like any other student. Except that we pay your fees and give you a guaranteed salary of £1,697 a year in the rank of Surgeon Sub-Lieutenant.

When you qualify you can spend your pre-registration year either at your hospital or one of ours.

After which we promote you to Surgeon Lieutenant, your pay goes up to £3,249 a year and you then begin your short-career commission with us for five years. When you leave us you'll take a lot of useful experience with you – together with a generous tax-free gratuity of at least £1,400.

In addition to 2nd M.B. students, the Navy also enters qualified doctors for a 5-year short-career commission. (Your application should be made during or after pre-registration year.)

Write now to Surgeon-Commander F. M. Kinsman, R.N., (26 AZ), Dept. of the Medical Director-General (Navy), Empress State Bldg., London, S.W.6, and tell him your age and qualifications. In return he'll tell you more about the advantages of applying for a medical cadetship or commission with the Royal Navy.

ROYAL NAVY

Special mention must be made of the brilliant, but injury hit, West Ham team, but since they were not involved in this match this is neither the time nor the place for such a mention.

P. Coley, N. Harridine and K. Leeburn controlled the midfield well and competent handling by goalkeeper T. Walker increased Guy's confidence. The defence was a little uncertain at times even though S. Edwards and K. Braine played well. R. Armstrong and captain D. Jones caused havoc amongst the London's defence and it is widely remoured that M. Brummell was also playing.

In all a satisfactory result for Guy's 2nd XI and no doubt there are some envious 1st team players who would dearly like to play for what is going to be the success team at Guy's.

D. Hackett.

D. Allison.

GUY'S 2nd XI v. KING'S COLLEGE HOSPITAL 2nd XI

Wednesday, 4th November. Away. Result: Wone 5—1.

A worse pitch than H.O.P. anywhere in the world, before this match, would have been thought impossible but there it was, almost triangular. The ball too was a freak and would have outbounced any superball on the market. Thus the first fifteen minutes for Guy's was a period of adaptation to the new conditions. In the first half, playing against the wind, Guy's had an edge over King's, although the latter played well with high balls and on several occasions worried the Guy's defence with long through balls, one of which led to their only gaol. Guy's first two goals came from crosses by Leeburn headed in by Allison, a recent most welcome newcomer to the second XI. The second goal came as Allison raced in from the edge of the penalty area and dived full length to intercept the ball at hip level and send it into the bottom right-hand corner of the net.

In the second half Guy's superior football and ability to play together as a team began to tell as the last three balls went in: a goal each by Epps and Jones, both well placed balls, shot under great pressure by the harrowing King's backs, and a goal by Harridine—a truly well-deserved goal considering the amount of work put into his play. This was not a wildly enthusiastic game and no one on the Guy's side played really outstandingy except for the goalkeeper, Lewis, who made some very fine saves, However, Guy's had a solid defence and the forwards played good football in some nice attacking moves, and perhaps most important of all Guy's maintained control of the midfield.

Considering the unusual conditions this was a very good win for Guy's and invaluable experience for a slowing maturing and surely brilliant second XI.

Team: R. Lewis, M. Brummell, S. Edwards, A. Parker, K. Braine, N. Harridine, D. Allison, R. Leeburn, P. Coley, D. Jones, P. Epps. Reserve: I. Mature.

M. Brummell.

SQUASH CLUB

SUSSEX TOUR

Setting out in two cars and leaving one diligent member to follow on by train, the Squash Club 1st V team arrived in Brighton for their first match of the Sussex tour on Friday, 6th November. In a match that hasn't been won by Guy's for some time, everyone was very keen and anxious to have a good start. Owen, Langdon and Evans swept easily through to victory.

Sutherland, playing at 1st string, with a tough opponent, and Mackenzie well out-classed due to an unfortunate mismatch, played well but lost. Cold pies and beer after the match were welcomed but a large curry was enjoyed by all before bowling in Hove and then bed at Thatchings for some. Edward Evans, having dropped John Lewis, who gave us great support throughout the tour, unfortunately got bogged down in the mud and had to steal his forty winks in his car in some awful cold, wet weather.

Saturday saw five rather dozy squash players take on the Middleton Squash Club and with four defeats and one victory by Chris Langdon at fifth string, the opposition were very pleased and treated us accordingly!

Despite the lack of sleep we had had during our stay in Thatchings, Sunday saw us in very good form for the third and final match of the tour, against Chichester S.R.C. Unfortunately, Sutherland and Mackenzie who played hard and were of immense value on the tour, went down quite easily to their opponents, but Owen, Evans and Langdon carried the day through, Evans playing as well as we've ever seen. Hospitality was as good as one will find and we returned late Sunday night, tired but pleased at the success of the tour, both for the light and serious sides of it.

Team: H. Sutherland, J. Owen, I. Mackenzie, E. Evans, C. Langdon. Reserve: J. Lewis.

Results :—

1st V vs. Brighton. Won 3—2.
1st V vs. Middleton. Lost 1—4.
1st V vs. Chichester. Won 3—2.

Other results:—

U.L. League vs. Q.E.C. I. Won 4—0.
1st V vs. St. Bart's Hospital. Won 3—2.
2nd V vs. St. Bart's Hostipal. Won 4—1.
U.L. League vs. International Hall. Won 3—1.
1st V vs. Richmond S.R.C. Won 3—2.

J. Owen.

WATER POLO

U.H. League

3rd November. Guy's v. Mary's. Won 7—5.

This was the league match everyone had been waiting for. Guy's lost once to Mary's last year, but became champions by virtue of two tremendous wins against George's. Now Guy's and Mary's, both with unchanged teams, are the only giants.

The mass of Mary's support which naturally materialises on their home ground, was remarkably silent until their team produced a spell of very fast passing and shooting which gave them a 3—1 lead at the first break. The game then became an unusually physical contest, and the speed which both teams normally rely on was rather suppressed, with the exception of Roddy Jones, who was notably active and who included a couple of cheeky lob goals in an impressive third quarter, when Guy's really won the match by pushing the score up to 5—3.

Team: Wright, Jones, Northcott, Bevis, Challacombe.

League matches to date: Played 4, Won 4, For 45, Against 8.

Blues awarded for seasons 1969/70 and 1970.

	Full Blues	Half Blues
Boat Club	M. Gleeson J. Miller P. Moulder P. Hunt	A. Fenn
Fencing Club	P. Jenkins	J. Lowizowski
Squash Club	J. Owen	
Golf Club	D. Rowley-Jones N. S. Davies	
Swimming Club	K. Howard C. Bevis	B. Wright N. Howell
Assocation Football Club	J. Edwards	M. Carter S. Drage A. Godman
Table Tennis Club		N. Harradine C. Wang K. Wang I. Learner
Rugby Football Club	M. Forbes	A. Fallowfield J. Shutes D. Stuart R. Burt R. Barough A. Addison D. Merritt
Athletics Club	B. Jones K. Sommi	M. Wink R. Blackwood K. Shepherd T. Higenbottam
Cricket Club	M. Fordham	S. O'Keefe R. Burns S. Bowden C. Langdon
Hockey Club	D. Crafts R. Burns R. Goodhart	J. Walker R. H. Clark R. Fell

Robert Goodhart,
Hon. Secretary, Blues Committee.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** to Nuffield House (Private Wing of Guy's Hospital) to commence 1st December, 1970, for a period of six months. Applications, naming two referees or enclosing two recent testimonials, should reach the Superintendent, Guy's Hospital, London, S.E.1. not later than **27th November, 1970.**

GUY'S, MAUDSLEY AND KING'S COLLEGE HOSPITALS AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for appointment as a **Senior Registrar** in Neurosurgery. The appointment will be made jointly by the bodies concerned and will be held alternatively at the Neurosurgical Unit of the Guy's, Maudsley and King's College Hospitals and the Regional Neurosurgery Centre at the Brook Hospital. The appointment will commence as soon as possible and will be subject to annual renewal.

Applicants should have had Registrar experience in Neurosurgery and should have a higher surgical qualification.

Apply to the House Governor and Secretary, Maudsley Hospital, Denmark Hill, London, S.E.5. for the form of application by **5th December, 1970.**

ENGAGEMENT

The engagement is announced between Dr. John B. Kelynack, of Millfield, Wadesmill Ware, Herts., and Miss Fiona M. S. Munro, of Glenoran, Beauly, Inverness-shire, Scotland.

MARRIAGE

MORRISON—KERR—On 19th September, 1970, by the Reverend Rennie Simpson, at St. Cosmas and St. Damian Church, Hassocks, Sussex, Donald William Charles Morrison to Heather Shirley Kerr. Present address: 25 White Lodge, Biggin Hill, Upper Norwood, London, S.E.19. Tel: 01-679 3812.

DEATH

BARFORD—On 29th October, 1970, at his home in Leigh, Reigate, Leslie Joseph Barford, D.M., B.Ch., M.R.C.S., L.R.C.P., F.B.M.A., F.R.S.M.

PERSONAL

ZULULAND—Additional Medical Officer required soon at 600-bed Anglican Mission Hospital (Non-Apartheid), joining six-doctor team. Superb experience, high medical standards, good recreational facilities. Details from Dr. Mowbray, Charles Johnson Hospital, Ngutu, Zululand, South Africa.

CHANGES OF ADDRESS

Captain and Mrs. A. Eastburn (née Eckett, S.R.N.), 101 Mitchley Avenue, Sanderstead, Surrey.

Dr. and Mrs. A. P. Freeland, 35, Hobson Road, Oxford. Tel: Oxford 53949.

Dr. G. S. Landon, 45, Golden Crescent, Everton, Lymington, Hants.

Michael A. Shields, M.B.B.Chir., F.R.C.S., F.R.A.C.S., has been appointed full-time General Surgeon and Deputy Medical Superintendent to Napier Hospital, Napier, Hawke's Bay, New Zealand, as from December, 1970.

NEW STUDENTS

1st M.B. STUDENTS

October, 1970

Browne, Michael J.	Austin Friars School, Carlisle.
Dunne, David P.	Slough College of Technology.
Earnshaw, Gregory	Barrow-in-Furness Grammar School.
Fenton, Paul M.	Kings School, Somerset.
Fincham, Anthony C.	Tonbridge School.
Lee, Edward M.	Sir Wm. Collins School, N.W.1.
Lethbridge, Anthony R.	Ealing College,
Marshall, Kathryn	Winsford Verdin Grammar School.
Rajaratnam, David V.	St. Johns School, Leatherhead.
Tyrer, Robert E. W.	John Fisher School, Purley.
Weedon, Rupert S.	Sutton Valence School.
White, Patricia M.	Convent of the Nativity, Maidenhead.
Wise, Margaret E. A.	St. Margaret's School, Bushey.

2nd M.B. STUDENTS

October, 1970

Akle, Charles	Worth School.
Avery, Nicholas R.	Stratton School, Biggleswade.
Babic, Branko R.	Sir John Cass College.
Ball, Lynne A.	The Dame Alice Harpur School, Bedford.
Bamforth, John S. G.	Woodhouse Grove School.
Barker, Geoffrey R.	Chislehurst and Sidcup Grammar School.
Bates, Christopher M.	Sir John Deane's Grammar School, Northwich.

Bawden, Robert H. F.	Woking County Grammar School.
Bilous, Rudolf W.	Cardiff High School for Boys.
Bloom, John N. A.	Thames Valley Grammar School.
Board, Arthur P.	Bridgend Boy's Grammar Technical School.
Bond, Paul R.	Plympton Grammar School.
Bowles, Brenda J. M.	South Wilts Grammar School, Salisbury.
Brame, Kevin G.	Colne Grammar School.
Bray, Edward C.	Hitchen Boys Grammar School.
Cannon, John C.	Spalding Grammar School.
Carman, David H.	Gravesend School for Boys.
Cavanagh, Charlotte P.	Richmond County School for Girls.
Chivers, Charles A.	The King's School, Chester.
Claessens, Elizabebth A.	Putney High School for Girls.
Curtain, David M.	Gunnersbury Grammar School.
Davies, Gwilym A.	Shrewsbury School.
Davis, Paul L.	Sevenoaks School.
Dawson, Andrew J.	Kimbolton School, Huntingdonshire.
Duckworth, Paul M.	Bablake School, Coventry.
Evans, David K.	Tonbridge School.
Fagg, Nuala L. K.	St. Joseph's Convent Grammar School, S.E.2.
Fitton, Peter H.	King Charles I School, Kidderminster.
Flood, Brian M.	Culford School, Bury St. Edmunds.
Fortin, Clare V.	Cheltenham Ladies College.
Fox, Christopher A.	King's School, Peterborough.
Freeman, Keith	City School for Boys, Lincoln.
Goulder, Timothy J.	The King's School, Canterbury.
Greaves, David J.	The King's School, Canterbury.
Griffiths, Martyn P.	Bromsgrove College.
Hackett, Peter L.	Collyers School, Horsham.
Hawksworth, Jacqueline H.	Headington School, Oxford.
Hellyar, Andrew G.	Sir Roger Manwoods, School, Sandwich.
Hilton, Peter J.	Howardian High School, Cardiff.
Hogbin, Paul A.	Sir Roger Manwoods School, Sandwich.
Hopper, Colin	Sir Roger Manwoods School. Sandwich.
Hunter, Frances M.	Harrow County Grammar School for Girls.
Jefferys, David B.	St. Dunstan's College, S.E.6.
Jones, David T. M.	Dulwich College.
Jones, Jonathan C. E.	Aberaeron Secondary School.
Karani, John B.	Chislehurst and Sidcup Grammar School.
Khan, Mohammed A. M.	Owen's School, E.C.1.
Killick, Stephen R.	Blackpool Grammar School.
Kinchin, Christopher G. J.	The Edinburgh Academy.
Lamberty, John M.	The Leys School, Cambridge.
Lamming, Georgina D.	Ockbrock School, Derby.
Large, Stephen R.	Sidcot School, Winscombe.
Lees, Ursula J.	Putney High School for Girls.
Leung, Tat Y. D.	Uppingham School, Rutland.
Lewis, Richard J.	Portsmouth Northern Grammar School.
Lilley, Michael E.	Cambridgeshire High School for Boys.
Lindsey-Lewis, Susan A.	Brighton and Hove High School.
Lowenson, Lisa F. C.	Camden School for Girls.
MacKenzie, Christopher I.	Rugby School.
Moran, Wayne A. H.	Dauntsey's School, Devizes.
Nichols, Roger W. T.	Dulwich College.
Nightingale, Peter	The King's School, Pontefract.
Norfolk, Derek R.	The King's School, Pontefract.
Patel, Sarad K.	Alderman Newton's Boys School, Leicester.
Perkins, Hywel H. B.	Epsom College.
Pinder, Christopher G.	Spalding Grammar School.
Rabb, Leigh M.	Rugby School.
Robbins, Gerald	Doncaster College of Technology.
Ruparelia, Bhanuprasad	Chislehurst and Sidcup Grammar School.
Ryman, Elizabeth	Westcliff High School for Girls.
Sharp, Christopher	Tiffin Boys School, Kingston-Upon-Thames.
Sorefan, Mohamed M.	Norwood Technical College.
Southgate, Herbert J.	Wyggeston Boys Grammar School.
Sparrow, Geoffrey E. A.	Caterham School.
Spencer, Kathleen M.	Cannock Grammar School.
Strigner, Peter B.	Worth School.
Tapson, John S.	Hove County Grammar School.
Taylor, Mark S.	Poole Grammar School.
Tseng, Evelin	Walthamstow Hall.
Thomas, Teresa M. M.	Oxford High School.
Tunley, Elinor A.	Ernest Bailey Grammar School.
Turtle, Mark J.	Surbiton County Grammar School.
Tweed, Anne E. J.	Loreto College St. Albans.
Tyson, Sheila L.	Woking County Grammar School.
Upward, James W.	St. Mary's School, Orpington.
Vyas, Harish G.	Woodhouse Grammar School.
Wade, Mary J.	The Ladies College.
Walter, Margaret U.	St. Philomenas School, Carshalton.
Watson, Margaret J.	Ellerslie School.
West, Stephen E.	Norwood Technical College.
Wheate, Julie P.	Ashford School.
White, Ian R.	North Manchester High School.
White, Philippa J.	Stonar School, Wilts.
Wiseman, Martin J.	King's School, Canterbury.
Woods, David M.	Hinckley Grammar School
Zaimi, Zahra F.	Croydon College.

1st B.D.S. STUDENTS

October, 1970

Becker, Ruth M.	St. Dominics School, Harrow on the Hill.
Burgess, John	Shene Grammar School.
Campbell, Andrew M.	Bishop Vesey's Grammar School, Sutton Coldfield.
Christie, Stuart J.	Bishop Vesey's Grammar School, Sutton Coldfield.
Esilman, Christopher P.	Kingston Grammar School.
Evans, Gethin	Cwmtawe Comprehensive School, Ystalyfera.
Feaver, Gerald P.	City of Westminster College, S.W.1.
Greenwood, Alan	Sowerby Bridge Grammar School.
Hatton, Noel D.	Blackpool Grammar School.
Hodges, Yvonne M.	Newbury County Girls' Grammar School.
Kirschen, Robert H. E. S.	Cranbrook School.
Knudsen, Helle-Vibeke	High School, Drammen, Norway.
Lamensdorf, Rosalie	Lycee Francais De Londres.
Lian, Sverre	Brumunddal Realskole og Gymnas, Norway.
Litchfield, Ian	Hardyes School, Dorchester.
Mander, Carol I.	Newport High School.
Markham, Anthony J.	John Fisher School, Purley.
Mohn, Anne-Siri	Secondary School, Oslo, Norway.
Olsen, Egil	Bo Gymnas og Stratsrealskole, Norway.
Serenyi, John A. J.	St. Benedict's School, Ealing.
Skapski, Hanna	Convent of the Sacred Heart, Hammersmith.
Springett, Belinda J.	Chelmsford County High School.
Stenberg, Jan R.	Drammen Gymnas, Norway.
Szasz, Michael P.	Marylebone Grammar School, W.1.
Treasure, Patrick	Whitefriars School, Cheltenham.

2nd B.D.S. STUDENTS

October, 1970

Ajose, Babatunde A.	Norwood Technical College, S.E.27.
Abels, Frances E.	Billingham Technical College.
Beare, William A. V.	Kingsbridge Comprehensive School.
Bowen, Christopher J. C.	The Cathedral School, Salisbury.
Cassaglia, Francis H.	Prior Park College, Somerset.
Clark, Robert N. W.	Wellingborough Public School.
Coley, Paul C.	St. Joseph's College, S.E.19.
Cording, Redvers	Nantyglo Grammar School.
Cracknell, Andrew K. C.	Isleworth Grammar School.
Dyson, John E.	Bolton School.
Evans, Thomas R.	Llanelli Boys Grammar Technical School.
Finlay, Laetitia M.	Bromley High School.
Freiberger, Malcolm I.	Christ College, N.3.
Fry, Mitchell	Headlands Senior High School, Swindon.
Gavin, Eric J.	Westminster School.
Green, Judith A.	The Red Maids' School, Bristol.
Harper, David S.	City of Leicester Boy's Grammar School.
Harris, Jill E.	Reigate County School for Girls.
Hickman, Rhona E.	Headington School, Oxford.
Hunt, John L. E.	Epsom College.
Hunt, Nigel P.	Queen Elizabeth Grammar School, Wakefield.
Irvine, Giles A.	City of Westminster College, S.E.1.
Jackson, Giles T. G.	Wycliffe College, Stonehouse.
Korszun, Anna K.	Our Lady of Mercy, Grammar School.
Lalani, Munira V.	Kenya High School, Nairobi.
Lindsey, David F.	Horley County Secondary School.
McMillan, Donald I.	Gravesend School for Boys.
MacPherson, David W.	Malvern College.
Mahood, James B.	Kingswood School.
Marsh, Fiona	Bournemouth School for Girls.
Mellor, Anthony C.	St. Brendan's College, Bristol.
Michell, Arminel R.	Malvern Girls' College.
Mills, Donald P.	St. Alban's School.
Mould, Derek	Stockton C. of E. Grammar School.
Neilson, Susan M.	Gravesend School.
Newman, Lesley J.	Newport High School.
Newman, Richard A.	Kings School, Canterbury.
Owen, Sheila C.	Shrewsbury High School.
Peel, John E.	Keswick School.
Ramjan, Mirza M. H.	N.E. Essex Technical, Colchester.
Rashid, Shabbir H. D.	Old Kampala Senior Secondary School.
Riches, Jennifer J.	Cheltenham Ladies' College.
Rix, Caroline	James Allen's Girls' School.
Roe, Claudia A. L.	Edgbaston High School for Girls, Birmingham.
Rothman, Ann M.	Walthamstow Hall, Sevenoaks.
Rowntree, Philip G. M.	Leeds College of Technology, Yorks.
Sheppard, Paul N.	Alleyn's School, S.E.22.
Thomas, Elizabeth M.	Howell's School, Llandaff.
Twiggs, Stephen J.	Dulwich College, S.E.21.
Walker, Timothy P. S.	Haileybury College, Hertford.
Whitell, Martin N.	Torquay Grammar School for Boys.
Williams, Christopher D.	Llandeilo Grammar School.
Williams, John P. S.	Pontardawe Grammar School.

2nd M.B. COMBINED STUDENTS

Lambden, Paul W.	Boreham Wood Grammar School. Guy's Dental School.
Royce, Catherine M.	Harrow County School for Girls. Guy's Dental School.
Smith, Elizabeth J. E.	Wycombe Abbey School. Guy's Dental School.
Stearns, Michael P.	Gillingham Grammar School. *Guy's Dental School.*

CLINICAL COURSE STUDENTS

October, 1970

Allen, Christopher M. C.	Eastbourne College. Christ's College, Cambridge.
Atherton, David J.	Ampleforth College, York. Pembroke College, Cambridge.
Calvert, Paul T.	Rugby School. Trinity College, Cambridge.
Campbell, David R. M.	*Stonyhurst College.* Clare College, Cambridge.
Carter, Geoffrey J.	South Shields Grammar School. St. John's College, Cambridge.
Culter Timothy P.	*Malvern College.* Sidney Sussex College, Cambridge.
Daniels, Kim R.	Bromsgrove School, Worcs. Gonville and Caius College, Cambridge.
Dent, Richard G.	Gresham's School. Christ's College, Cambridge.
Dick, John A.	Winchester College. Trinity Hall, Cambridge.
Doyle, Stephen J.	Thornleigh Salesian College. The National Institute for Medical Research
Goodridge, David M. G.	Charterhouse, Godalming. Trinity College, Cambridge.
Hollis, Michael J.	Epsom College. Guy's Medical School.
Kirkwood, Jennifer M.	Beneden School. Lady Margaret Hall, Oxford.
Lloyd, Benjamin W.	Shrewsbury School. Trinity College, Cambridge.
Loxton, Paul J.	Peter Symonds School, Winchester. Emanuel College, Cambridge.
Paisey, Richard B.	Taunton's School, Southampton. St. Catherine's College, Cambridge.
Rees, Peter J.	Whitchurch Grammar School. Christ's College, Cambridge.
Richards, Tessa J. L.	*Sunny Hill School,* Bruton, Somerset. Leeds, University.
Simson, Jay N. L.	Charterhouse, Godalming. Trinity College, Cambridge.
Smith, Roger P. S.	R.G.S., Newcastle. Selwyn College, Cambridge.
Timmons, Michael J.	Ardingly College. *Christ's College,* Cambridge.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

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GUY'S HOSPITAL GAZETTE

EDITORS S. M. KILPATRICK and N. D. S. BAX

SPORTS CORRESPONDENT T. W. HIGENBOTTAM

NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2149

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

A Lesson for the future. Again.

At the time of going to press it has been estimated that between 200,000 and 400,000 people died in the recent Pakistan cyclone disaster. Half the number it is thought died as a result of the cyclone itself, the other half died in the aftermath. Although man has in recent years shown his ability to conserve the environment he has not yet developed a technique of preventing natural disasters of such a large scale.

By the observation of the weather satellites above the Indian Ocean the possibility of a cyclone hitting the Bay of Bengal was detected over 48 hours before it actually occurred. It does seem incongruous that in the world there are countries that have the facilities, manpower and wealth to put into orbit expensive and sophisticated machinery that can do weather detection work, but the countries over which the satellites watch are so impoverished they cannot afford a satisfactory communications system. It is arguable though that even had Pakistan's authorities been able to warn the people living in the delta area of the cyclone, they would have been able to have saved many of the lives that were lost. One has to face the fact that natural disasters occur and at present we can do nothing about them.

Much help could have been offered and indeed now is being offered, but has been offered so late and by some so scantily that its usefulness is severely limited. This is not due to anti-humanitarian policies of those nations involved, but related to slowness of action of the Pakistan authorities.

At times such as this, politics can become a monster. One of the reasons East Pakistan did not contact West Pakistan and ask for aid was because of political rivalry between them. For similar reasons, India was not asked for help. It is most unfortunate that the fate of so many lives should have hinged upon political decisions. Even when a country is floundering as East Pakistan has been over the past few days, some reports have denied any outbreak of disease. It seems strange that national prestige should play such an important role at this time when surely the most important thing is to save lives and specify exactly what aid is required.

However, the attitudes and politics of countries are not going to be altered even with large loss of life in a disaster such as this, and as world government is not yet feasible something constructive about organising aid to disaster areas should be expedited. One feature that the Pakistan disaster has not shown is co-ordination of relief work. It would seem reasonable to create a disaster co-ordination centre perhaps to be run by the United Nations Organisation. In the event of a disaster occurring anywhere in the world, member countries could be told immediately how they could best help. This would prevent duplication of aid and increase speed of relief. Most importantly it would save lives.

Professor M. Naylor

On 1st October, the University of London conferred the title of Professor of Preventive Dentistry upon Dr. M. Naylor. We heartily congratulate him. He has been Reader in the Department of Periodontology and Preventive Dentistry since 1966, and before this he was Senior Lecturer and Research Fellow in the Department of Dental Medicine.

GUY'S DIARY

DECEMBER

7	M	1.00 Clinical Lecture. Mr. BROOMHEAD, "Cleft Lip and Palate."
8	T	1.00 Clinical Lecture. Mr. BURRY, "Systemic Manifestations of Rheumatoid Disease."
10	Th	1.00 Clinical Lecture. Dr. I. McD. G. STEWART, of the Victoria Hospital, Blackpool. "Hypertension—the Malignant Phase."
11	F	1.00 Clinical Lecture. Professor C. E. STROUD, Professor of Child Health, King's College Hospital.
15	T	1.00 Clinical Lecture. Dr. MACKENZIE.
18	F	1.00 Clinical Lecture. Dr. CLARK, "Airways Obstruction."

Dental Society—November

It has been a busy month for the Committee, especially Sophie Bridge and Graham Brown, who made the Dental Ball such a success. Financially we just about broke even, but the real profit lies in the maintenance and development of goodwill upon which the effective running of the Society inevitably depends. Should the Dental Society unwittingly tread on anyone's toes, the Ball is the appropriate place to get your own back.

Next to the Ball, the meeting which drew the highest attendance so far this year was the one at which the changes in the National Health Service were discussed. After considering the effects on practitioners, patients, and the dental health of the community as a whole, it was decided that, whereas little could be done to influence the essentials of the changes, representations should be made in the hope that the Government would not lower the minimum age at which patients would be required to pay half the cost of their treatment from 21 to 18. One channel through which this will be done is the newly-formed Committee of Secretaries and Presidents on the London Dental Societies. This organisation will provide a mouthpiece for student opinions and a forum for discussion of common problems.

Attendance at the Tuesday evening lectures has so far been disappointing. A great deal of effort by the speakers goes into these, and it is unfortunate that more people have not taken advantage of them. Peter Hunt, Eddy Shillitoe and Dave Pascoe were particularly impressive and demonstrated very convincingly that students can, if given the opportunity, hold the attention of an audience just as well as the professionals. If there are any reasons why more people do not come, we would very much like to hear them.

Diane Plamping, together with Dave Cotam from the Students' Club, did most of the work for the questionnaire which was circulated in mid-November, and by the time this article is published, you will have heard the results and we will be working out how best to use them at our meeting with the University Grants Committee. More money would solve many of the Dental Schools problems; we will do all we can to present those problems and suggest solutions for the benefit of us all.

At the meeting of the Curriculum Sub-Committee of the Dental School Council, we emphasised the importance of co-ordinating lectures so as to avoid time-table clashes, and we asked for a "clear and early warning" system of what we are supposed to be doing and where, at a given moment. There seems to be little hope of relieving the overcrowding in the Prosthetics' laboratory at the moment, but Kev Moseley's efforts have improved conditions in the clinic.

Dave Searle, in addition to taking Finals, has been trying to prevent a recurrence of the situation where some students have had to deliver signed-up examination application forms by hand in order to get them in on time, and Julie Howlett is still somewhere under a pile of laundry!

In order to help those who keep diaries, here is a list of future lectures, all Tuesdays, at 5.30 p.m.

Dec. 8.—"Soft Drugs"—Dr. J. Willis.
Jan. 12—"Student Irresponsibility"—The Vice-President of the N.U.S.
Jan. 26—"Intravenous Anaesthesia"—Dr. J. Buxton.
Feb. 9—"Dentistry—University Education"—Prof. G. L. Howe.
Feb. 23—"Brave New Dentistry"—Mr. R. Walker.
Mar. 9—"The Uses and Abuses of the N.H.S."
Mar. 23—"Staff Communications".

C. E. Wilde,
Hon. Secretary, Dental Society.

A Short History of ST. OLAVE'S HOSPITAL

Jane M. Fullerton

Olaf of Norway fought for Ethelred II of England against the Danes in 1008 when he moored in the Pool of London prior to attacking old London Bridge. The Danes were in possession of the bridge and were camped in and around the Tower of London. The English boats sailed up to attack, but were overwhelmed by missiles from above—the Norwegians protected their boats with wooden platforms, managed to get up to the piles of the bridge, tied cables and at ebb tide rowed hard down-stream. The bridge collapsed, the Danes fell in and Olaf's men landed in Southwark.

Ever since this foray the district has been linked with Norway in trade and friendship. In 1030 Olaf was canonised and became the patron Saint of Norway and his memory is commemorated in South London by the St. Olave's Church, the Parish, the Grammar School and Hospital.

In May, 1953, Prince Olaf, then Crown Prince of Norway, presented the prizes at the St. Olave's Nurses' prize-giving, when the Hospital badge was first given to the trained nurses. The motif of this badge was taken from an altar panel commemorating St. Olaf in Nidaros Cathedral (Trondheim) Norway—a copy of the panel is in the Nurses' School at St. Olave's Hospital.

The first record of the present hospital is found in the Vestry Minutes of 29th April, 1722, and part of the original workhouse building remains in the present Doctors' Mess and kitchens.

The Rotherhithe Workhouse building remained unchanged until 1891, when an infirmary ward was added and the name was changed to St. Olave's Infirmary. Between 1908-1912 the hospital was renovated at a cost of £30,000, having then accommodation for 600 patients.

The outlines of the building seem to have remained the same until 1931 when the administration came under the Local Authority instead of the Board of Guardians and the name was changed to what is now known as "St. Olave's Hospital".

During World War II the hospital was badly bombed—the Maternity Block, built in the '30s was evacuated and never re-opened. It is now the site of the present Day Hospital. The block in which the present X-ray Department and Pathology Laboratory are housed was also demaged and the floor of the latter area was salvaged by the Ministry of Works during the war and is now part of the floor of the rebuilt House of Commons. Until 1950, when the present Laboratory was established to serve Bermondsey and Southwark, Lewisham Hospital was responsible for the Pathology Services in the area.

This hospital has seen much human tragedy, despair and hope. Its records reflect the conditions of the working class during and before the Industrial Revolution. The Workhouse Registrar of 1855-56 contains in short entries, stories of abject human misery seeking refuge at its doors—to quote a few:—

"This woman's husband is transported."

"Run away from Service—pregnant."

"To be sent back to Ireland;"

whilst a male patient aged 46 is described as "aged and infirm."

We read, also, "that the position pay of the Medical Officer was deplorable". Do times change?

Charles Dickens, whose centenary is celebrated this year, played a major part in the reform of the Workhouse system of which he had personal knowledge. It is not known whether "Oliver Twist" is mainly autobiographical, but the misery of the inmates is portrayed in the famous extract:—

> "Child as he was, he was desperate with hunger and reckless with misery. He rose from the table, and advancing to the master, basin and spoon in his hand, said somewhat alarmed at his own temerity, 'Please sir, I want some more'."

The people in Rotherhithe believe that this scene may have taken place in the Bermondsey Workhouse, now St. Olave's Hospital.

As a result of his passionate concern, Dickens played a major part in the "Lancet Commission on Workhouse Infirmaries" and was a member of the "Association for the Improvement of the London Workhouse Infirmaries".

In 1865 the Commission reported that there were three blocks in the Rotherhithe Workhouse : an office block, one for the old and infirm and an Infirmary Block. The last was erected in 1864, when the title of Bermondsey Infirmary was added and in this report the Commission commented on the building "as occupying an entirely improper site and ought to be rebuilt in an elevated situation".

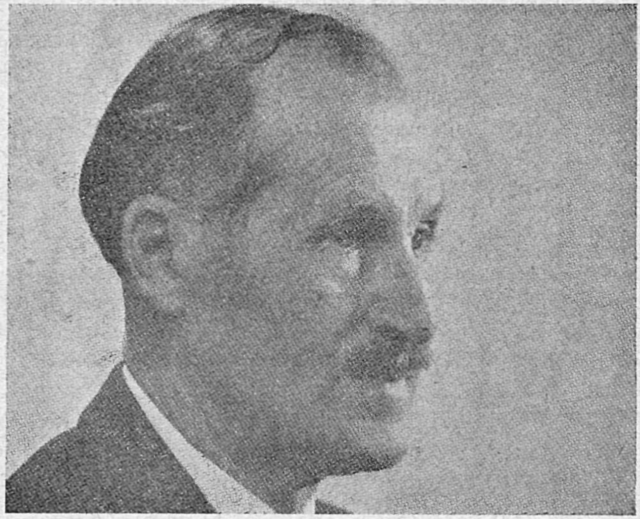
Like many commissions' recommendations which were not fulfilled, the hospital is still on the same site and we now see a new Out-patients' Department, work progressing on the Progressive Patient Care Unit and a laboratory extension.

"There is no new thing under the sun" (Proverbs), for the Commissioner of 1865 also reports "from the very carefully kept medical books" that "chronic bronchitis is the most frequent complaint". In other ways there have been notable and splendid changes over the years in social conditions, as will be seen from a quotation from "The Hospital Patient", in sketches by Boz.

"The hospital is a refuge and resting place for hundreds who but for such institutions must die on the streets and doorsteps. . . ."

OBITUARY

Professor Martin Amsler Rushton,
C.B.E., LL.D., M.D., ODONT.D., F.R.C.S., F.D.S.



Professor Martin Amsler Rushton, C.B.E., Emeritus Professor of Dental Medicine in the University of London, died in Guy's Hospital on 16th November, 1970, at the age of 67. With his passing the dental staff of Guy's lose one of their more distinguished members.

The son of W. Rushton, a dental surgeon, Martin Rushton was born on 29th March, 1903, and was educated at Gresham's School, Holt and Gonville and Caius College, Cambridge. He came to Guy's in 1924 to study for the dental course and the clinical part of the medical course, and obtained the L.D.S.R.C.S. England in 1928, the M.A. and M.B., B.Ch., Cantab. in 1931, and the M.D. Cantab. in 1946.

After qualification he was dental house surgeon to Mr. (later Sir William) Kelsey Fry, and then in practice with his father in Harley Street, combined at first with a part-time demonstratorship in the Prosthetics department, and then (1935-39) with his appointments as Assistant Dental Surgeon to Guy's Hospital and St. Thomas's Hospital. He was awarded the Colyer Prize of the Royal Society of Medicine in 1932 for the best original work published within five years of qualification.

During the second World War he was Chief Dental Surgeon to the Plastic and Jaw Unit at Basingstoke, and in 1946 was appointed Professor of Dental Medicine in the University of London at Guy's Hospital. His original work won him the Howard Mummery Prize of the British Dental Association in 1945, and the John Tomes Prize of the Royal College of Surgeons in 1954. He delivered the Charles Tomes Lecture of the Royal College of Surgeons in 1954, the Weinmann Lecture at the University of

Illinois in 1960, and the Nuckolls Lecture at the University of California in 1961.

He was the Scientific Assistant Editor of the British Dental Journal from 1939 to 1946, and then Honorary Scientific Adviser from 1946. He was Secretary, and later Chairman, of the Dental Committee of the Medical Research Council, and Chairman of the Board of Studies in Dentistry of the University of London from 1955 to 1958. He was a Senior Trustee of the Dentists' Provident Society and a Vice-President and Trustee of the Medical Protection Society. In 1956 he was appointed a representative of London University on the General Dental Council, and was Chairman or a member of several of its Committees and Sub-Committees. He was a member of the Central Health Services Council and of its Standing Dental Advisory Council and a member of the Dental Sub-Committee of the University Grants Committee. He was a member of the Faculty of Dental Surgery of the Royal College of Surgeons, England, from 1948 to 1964, and its Dean from 1959 to 1962. He was appointed a member of the Board of Governors of Guy's Hospital in 1963.

Professor Rushton has been President of the British Dental Association, the International Association for Dental Research and its British Division, the Odontological Section of the Royal Society of Medicine, the British Society for the Study of Orthodontics and the British Society of Periodontology, and he was at one time the Senior President of the British Dental Students' Association. He was made an Honorary Member of the Danish Odontological Society, and of the Dental Associations of Sweden, South Africa, Egypt and Malta.

Honours, Degrees and Diplomas were conferred upon him by the University of Toronto, the Royal College of Surgeons of England and of Edinburgh, the University of Stockholm, the Royal Dental College of Copenhagen, the American College of Dentistry, the Royal College of Surgeons of Ireland and Queen's University, Belfast. He was made a Commander of the Most Excellent Order of the British Empire in 1960.

Professor Rushton was an able and modest man whose opinion was sought by his medical and dental colleagues not only on problems of oral pathology and dental medicine, but also on matters of dental policy in schools and Universities throughout the country.

His teaching clinic at Guy's, for many years attracted both undergraduate students and also postgraduates from other schools, and his engaging manner of teaching, his humour and remarkable knowledge, particularly of unusual clinical conditions, provided a stimulus to students and also engendered affectionate respect for the man himself.

He built up the department of Dental Medicine at Guy's and attracted men of high calibre, who had obtained their initial qualifications at other schools, to work with him. He was one of the founder members of the British Division of the International Association for Dental Research, and throughout its first 15 years of rapid growth guided it by his sound advice, and by his outstanding personal attributes created a fine image of Dental Research. He was the first non-American to be elected President of the Association.

During his tenure of various posts of honour, many enjoyed his thoughtful addresses and also his after-dinner speeches, which, delivered in an easy manner, were always dignified yet humorous and showed a feeling for the use of words. His originality of thought and charm of manner would have carried him far in any profession, but we are indeed glad that he chose to grace the dental profession. These qualities endeared him to many people both in this country and abroad, where his scientific work, which covered a wide field in dental medicine and oral pathology with publication of about one hundred papers over a period of thirty-five years, won him world-wide recognition.

Professor Rushton was always a delightful companion, whether on a ski-ing holiday, at a conference, or on a visit to an art exhibition or to a dental school. In conversation he often surprised his friends by his knowledge of art or of the habits of some rare plant or animal, or history of some ancient monument. He was a keen gardener and always had something of special interest both in his garden and greenhouse.

He retired prematurely from the Chair of Dental Medicine at Guy's Hospital owing to ill-health in September, 1966. Since that time he has put up a most courageous fight against increasing disability, and in this he was sustained by his medical advisers and by his wife and daughter. In the early part of his retirement he was able to be active in his garden and participate in some professional activities, but recently he was more restricted. Fortunately, however, the qualities which endeared him to his friends were unimpaired until a few days before his death.

He is survived by his wife, Dorothy, and his daughter, Elizabeth, to whom we extend our deepest sympathy.

W.E.H.

BOOK REVIEW

LECTURE NOTES ON HAEMATOLOGY.

N. C. Hughes-Jones. Blackwell Scientific Publications, Oxford.
144 pp. Price 30s.

Dr. Hughes-Jones sets out to give a basic knowledge for the practice of medicine and also to cover the syllabus for pathology examinations in a mere 140 pages. Unfortunately the attempt to cut details whilst preserving the essentials has not been successful, with the result that some points have been covered with excessive thoroughness and other parts of the subject have been largely neglected. For example, a whole paragraph, with three references, is devoted to the serum iron level, and half a page to an illustration of its diurinal variation, and yet the symptomatic anaemias, which make up the majority of those seen in hospital practice, get only passing mention. There is no introductory chapters on the general principles of the diagnosis and treatment of anaemia and the spleen and lymph nodes are barely covered.

Most of the material that is included is excellent; the chapters on iron metabolism, the megaloblastic anaemias, haemastasis and blood transfusion are very clear and surprisingly comprehensive for so small a volume. The chapter on leukaemia does not achieve this mainly because all types of leukaemia are described concurrently with the result that neither leukaemias as a whole nor the individual types emerge with clarity. Chapter 5 appears to be a rag-bag collection of everything that the author had left over at the end.

On balance this book cannot be recommended to medical students, who would be better advised to read the section on haematology in one of the larger medical text-books for a short account, and to go to more specialised sources for greater detail.

P.J.B.

NURSING SECTION

A Question of Authority

Lord Chancellors were cheap as sprats,
And Bishops in their shovel hats
Were plentiful as tabby cats,
In point of fact too many!

W. S. Gilbert.

These words, which were written nearly a century ago as a satirical comment on society, remain today very much to the point. Everyone must have a title, no matter what their trade or profession, and soon, the managers will be exceeding the workers by a considerable margin.

This fact applies to nursing just as much as to any other discipline. With the advent of the Salmon Structure, the hospitals of this country are rapidly being swamped by a bevy of Chief Nursing Officers, Principal Nursing Officers, and the like, right down the scale of ten. One cannot help awaiting with interest the declaration of officer status for the first year student nurse.

It would not be unfair to state that the Nursing Profession is at present in chaos, and the Salmon Scheme has served merely to worsen the situation. The attitudes being passed down through the ranks at present is that one should leave bedside nursing behind just as soon as possible, and quickly attain the magic and lucky number seven status. One can therefore envisage in future years large numbers of dissatisfied administrators with insufficient work to occupy their minds. Even today it is difficult for a ward sister to think of her ward as her own; so many are the people to whom she is responsible.

Whilst everyone is busily climbing the ladder of success, the numbers left to staff the wards will gradually decrease. To whom are the student nurses going to turn for example and leadership? Tales of horror are circulated daily about the ogresses who administered wards some years ago. Was it not, however, from these stern battleaxes that one learnt the discipline and practical ability which are the foundations of good nursing? If one is to have efficiently run wards, then there must be discipline. Although today this word is completely taboo, those who perforce succumbed to it, are not all total psychiatric wrecks!

Would it not be an improvement if everyone in the Profession became less obsessed by obtaining high authority quickly? Surely if the skills learnt during the student period were practised for at least seven years after registration, everyone in the more senior positions should be much better qualified to give their assistance to those in the clinical field. At present there is so much anxiety by some to leave the wards, that it is necessary to actually count the weeks spent as a ward sister to ensure that eligibility for a course of training is available. Surely this state of affairs is not right. How can one govern when one has not been well governed? Maybe the last two lines of the song quoted at the beginning may serve as a suitable conclusion.

When everyone is somebody
Then no-one's anybody?

CORRESPONDENCE

"Health is not economic"

Passim's Proposition 1.

SIR,—*More of the nation's wealth could well be diverted to health services.* This is correct. We could well be considering how to get Parliament to devote more money.

Passim's Proposition 2.

Health Services give "almost no return" for the money invested. This is not entirely correct. Many illnesses are prevented, e.g. throughout the 1930s. Ten thousand hospital beds were continuously occupied by diphtheria patients, and now none. Other illnesses are cured, e.g. acute appendicitis, and the victims restored to economic productivity. Etc., etc.

Passim's Proposition 3.

There is no medical treatment for elderly people with strokes and conditions of old age. This is false. Have the editors never seen the rehabilitation unit at New Cross Hospital? This proposition illustrates how the idea of cure as the only function of medicine permeates the thinking of too many doctors. To put it forward suggests that the education we are giving at this teaching hospital needs a major shift of emphasis.

I have the honour, sir, to be your humble and obedient servant,

Ronald Mac Keith.

Newcomen Clinic,
Guy's Hospital, S.E.1.

Think Again

SIR,—Your nursing correspondent has obviously tried in her article, "The Weekend", to prove a certain point of view, but I am sure she has only succeeded in antagonising the already over-worked para-medical staff. I don't think it is surprising that these people work a mere five-day week; what is surprising is that they work in hospitals at all, considering how badly paid the majority of them are.

Obviously the ideal situation would be to have a 24-hour, seven day a week service, but even without this has she ever known a patient to be denied an X-ray, physiotherapy, drugs or laboratory tests in an emergency? Why single out weekends? What about the hours between 5.30 p.m. and 9.00 a.m.? Sudden illness does not discriminate between day and night, any more than it does between a weekday and and a weekend.

In future, before directing such unfair criticisms at her colleagues (for that is what they are after all), I suggest that she gives her articles more thought and does a little more homework on the subject.

Yours faithfully,

Brenda E. Faulkner
(Sister, Outpatients Department.)

Guy's Hospital, S.E.1.

Knit Appeal

SIR,—May I, through your pages, appeal to knitters. We have been asked to supply knee rugs for Geriatric Patients at New Cross Hospital. We have the knitters and the needles, but lack the odd pieces of wool required to make 5in. squares.

The Guy's Hospital Ladies' Association would be grateful for such odds and ends.

Yours sincerely,
M. K. Salmon,
Hon. Secretary.

Guy's Hospital Ladies' Association,
Guy's Hospital,
London, S.E.1.

Art Society Talk on Thursday, 12th November

Mr. Kenneth Whitehorn, from the British Museum, gave an excellent talk on Anglo-Saxon jewellery. He included many slides and a brief history of the Anglo-Saxon period. Attendance was unfortunately poor, so I hope it may improve at our next meeting.

Rosemary Ede (Hon. Sec.)

* * *

THE SNOWFLAKE BALL

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from

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* * *

NOTICES

CHRISTMAS CONCERT, 1970

Monday, 7th December, 5.45 p.m., Holy Trinity Church, Kingsway, 4/- (opposite Holborn Tube Station.)

Thursday, 10th December, 7.30 p.m., Southwark Cathedral, 5/–.

The programme for this year's concert includes a new work by a Guy's Medical Student, Bach organ music and a performance of a somewhat controversial setting of a well-known Bible story.

The entirely home-grown part of the concert is a setting of the classical words of the Mass by Ian Starke, who is at present studying Medicine at Guy's. The work is interesting from a number of points of view, particularly in its juxtapositioning of plainsong and modern harmonic writing, and in its use of key-changes and unusual chord sequences.

The Mass will be performed both at Holborn and Southwark.

The Bach organ music will be the Prelude and Fugue in B minor, which will be familiar to all lovers of organ music and to many who do not count themselves among the experts!

Andrew Lloyd-Webber is a contemporary composer whose work includes settings of two well-known Biblical themes: "Jesus Christ, Superstar", and the work to be heard at the concert, "Joseph and the Amazing Technicolour Dreamcoat". "Joseph" was originally written for a school choir, and is the story of Joseph and the coat of many colours, to music in the pop, rock and jazz idioms, with a few throwbacks to the 1920s.

"Joseph" and the Bach work will only be performed at the Southwark concert.

Tickets for both Concerts on sale in the Colonnade, or they may be bought at the door.

CHRISTIAN UNION

14th December, 1970,

"Christmas For What".

An anthology of Christmas readings and music.

Speaker: Rt. Rev. David Sheppard, Bishop of Woolwich.

8.00 p.m., Dance Room.

Buffet Supper, 7.30 p.m.

GUY'S HOSPITAL CHAPEL

Festival of Nine Lessons and Carols

on Wednesday, 16th December, 1970, at 7.30 p.m.

The Guy's Chapel Choir and Newgate Singers,

The Musica Medica Orchestra, The Guy's Brass Ensemble,

Organist: David Osborne. Conductor: Nigel Winter.

ALL ARE WELCOME

GENERAL MEETING

Junior Staff of Guy's Hospitals and Schools

5.15 p.m., Monday, 7th December, North Common Room, East Wing.

Subjects for discussion in an informal atmosphere will include: future developments at Guy's, postgraduate training, G.M.C., and representation of junior staff. Dr. Houston has kindly offered to be present to answer questions and discuss matters of current interest. All members of junior staff are urged to attend if they possibly can.

Guy's Junior Staff Committee

Members, 1970-1971

Dr. G. J. A. I. Snodgrass (Assistant to Director).
Dr. S. McHardy-Young* (Pre-Clinical Tutor).
Mr. R. J. Heald (Surgical Registrar).

Mr. F. A. W. Schweitzer.
Dr. R. Gilkes (Specialist Registrars).
Dr. R. M. Ibbotson

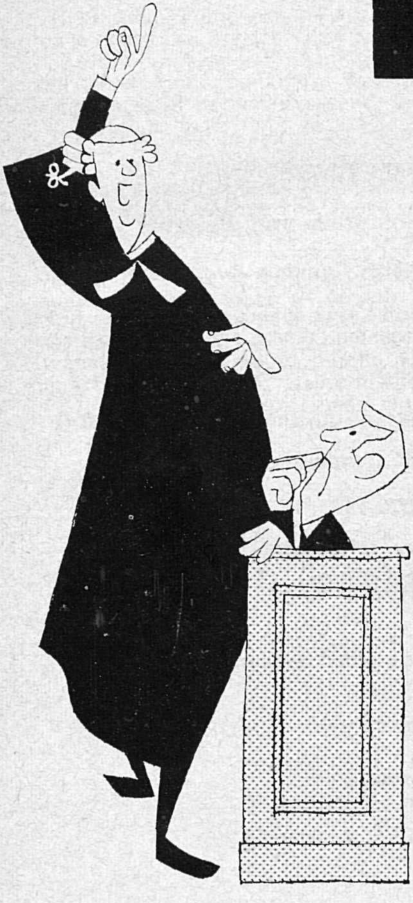
Dr. I. A. Baker
Dr. C. I. Roberts (Medical Registrars).

Dr. B. H. Hicks**
Dr. W. G. Reeves (Clinical—Academic).

Dr. L. H. Bannister
Dr. B. J. Rowlands (Pre-Clinical—Academic).
Dr. A. R. Tammar

Mr. W. H. Binnie
Mr. T.H. Grenby
Mr. R. B. Johns (Dental).
Mrs. Hazel Phillips

**Chairman* ***Secretary*



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SPORT

BOXING CLUB

The Club was invited to Cambridge on 29th October, with boxers from Sandhurst and the Belsize Clubs. The journey to Cambridge was uneventful until our driver, in pulling over to ask directions, dropped the two nearside wheels into a "Monsoon Ditch". Undaunted, we lifted the mini out and proceeded around a complex one-way system in ever-decreasing circles until we arrived at the Corn Exchange, where the show was held.

The main bout of the evening, as far as we were concerned, was the match between the former S.E. Counties Finalist, S. T. Gattey, of Cambridge University, and T. E. Reynolds, of Guy's.

Terry, having been threatened with a pill and nagged about his slow start in previous fights, surprised everyone by attacking from the bell. Gattey, although game, was no match for the accurate, hard left punches Terry threw at him in rapid succession and towards the end of the first round, found himself looking up from the canvas after a good right-hand punch landed on target. The referee stopped the bout half-way through the second round to avoid further punishment to Gattey.

Just as we were "dropping off" on the homeward journey, our driver turned the wrong way down a one-way streets and swore that the two rows of oncoming traffic were all going the wrong way.

We lived to appear at the Manor Place Baths on 16th November for a show given by the Lynn Boxing Club. On this occasion Terry was matched against P. McCann, of the Fitzroy Lodge. McCann, last year's London Federation of Boys' Clubs Champion, having over 100 bouts to his credit, proved too experienced for Terry and although Terry knocked him down and shook him on several occasions with good hard punching, McCann was awarded the decision on points.

For both shows we would like to compliment Terry on his good, clean boxing.

It is unfortunate we could produce only one boxer for two shows (Carter Croft is in the middle of examinations and Peter Murdoch recovering from a serious illness) but the Club hopes to be in a stronger position when we return to Cambridge in the New Year.

S.D.

HOCKEY CLUB

Guy's 1st XI v. Gravesend 1st XI

Saturday, 14th November. Away. Lost 0—2.

In the midst of two days of monsoon conditions, the rain paused for sufficient time to allow Gravesend to administer a comprehensive lesson in the art of hockey.

On a flat and fast pitch, Gravesend dominated the first half with particularly successful use of the through ball, and gave the Guy's defence a most hectic half hour. Time and time again Guy's found themselves in one to one situations and it was only an error by the attacking forward (or good defence?) which prevented a barrage of shots at the Guy's goal. In contrast, the Guy's forwards were slow, unimaginative in their passing, and not functioning as a co-ordinated unit. The short corners they earned by sheer hard work were poorly hit and wasted. With a lot of luck and a modicum of good judgment, the score was held to 0—0 at half-time.

Strangely enough, despite the two goals scored against Guy's in the second half, play was much more even. The defence was beginning to cope with the through ball, the forwards were working together better and using the wings, and the Gravesend goalkeeper was at last brought into the game. Both goals came from runs down the right, in one case the left-half and in the other case the left-back being left floundering in the wake of the Graves-

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Lillie Road, London SW6.

RN
ROYAL NAVY

end forward as he scored—in a sense individualist goals but a just reward for the fine forward play of the first half.

The brightest feature of the Guy's performance was the way in which Fell coped with the centre of the field and it was largely due to his good distribution that Guy's were able to put any pressure on Gravesend at all.

It seems to me that a lot of value would be gained by planning rather more before the game. Many set-piece situations are wasted at the moment because nobody is quite sure what the next man is going to do. Players should also be encouraged to make space for themselves rather than stand around inertly being marked out of the game. This should be paritcularly helpful to those players whose stickwork does not rise to Olympic standard and who consequently need more time for stopping and passing.

Team: R. Clark, D. Crafts, M. Vellacott, P. Nicol, R. Fell, D. Milliner, P. Willmer, P. Calvert, B. Clark, R. Burns (capt.), J. Walker.

P.R.M.

BOAT CLUB

UNITED HOSPITALS REGATTA : 18th NOVEMBER, 1970

This year we competed in seven of the nine events in this regatta for which Guy's entered 11 crews. The course: 1500 metres from the Boat House to the Ship Inn below Chiswick Bridge.

1. OPEN COXLESS IV's

Heat: v. St. Thomas's. Lost—½ length.

The crew were leading by ½ length for 1300 metres but were unable to withstand the finishing burst of their opponents over the last 200 metres, solely because they were unable to train together because of finals. It seems likely that this was the last race that Peter Moulder and James Miller will have rowed for Guy's—they have left their mark on Guy's rowing and we wish them every success in the future.

Bow, P. Eisilman; 2, J. Miller; 3, P. J. M. Moulder; Stroke, A. Fenn. Bow steers.

2. OPEN COXLESS PAIRS—Winners

Heat: v. London Hospital. Won easily.
Semi-Final: v. Barts. Won—2½ lengths.
Final: v. St. Thomas's. Won—3 lengths.

Paul Eisilman and Tony Fenn started what we hope will be a very fruitful partnership. Their level of fitness and standard of oarsmanship quite outclassed that of the more established partnerships from the other Hospitals, and could easily become one of the best in the country.

Bow, P. Eisilman; Stroke: A. Fenn.

3. JUNIOR VIII's—Runners-up

1st VIII:

Semi-Final: v. Middlesex. Won—2½ lengths.
Final: v. Barts. Lost—¼ length

In the semi-final after being ½ length down on the start the crew settled down and rowed immaculately through their opponents. In the final again the crew found themselves ¾ length down after the start but were unable to row through their opponents at the finish. We should have won.

Bow, C. J. Price; 2, D. Preston; 3, J. Davies; 4, G. Moulding; 5, A. Batch; 6, P. Stevenson-Moore; 7, R. Pinckney; Stroke, M. J. Gleeson; Cox, P. Powell-Jackson.

2nd VIII:

Semi-Final: v. Barts. Lost—3 lengths.

Like the 1st VIII were unable to hold their opponents off the start.

Bow, J. Monson; 2, B. Boyle; 3, J. Taylor; 4, T. Barnes; 5, C. Adeney; 6, J. Ogle; 7, H. Fuller; Stroke, N. Hopkins; Cox, D. Evans.

3rd VIII:

Heat: v. Middlesex. Lost—3¾ lengths.

This crew had been a little unsettled during training because of a shortage of boats and also a changing crew. In the light of their difficulties they did well to hold the Middlesex to three lengths.

Bow, P. Read; 2, M. Thomas; 3, M. Lilley; 4, M. Wink; 5, C. Howard; 6, R. Newton; 7, C. Fox; Stroke, C. Pugh; Cox, G. Brown.

4. JUNIOR IV's—Winners

1st IV:

Heat: v. London Hospital. Won easily.

Semi-Final: v. St. Thomas's Hospital. Won easily.

Final: v. Barts. Won—1½ lengths.

The crew, the stern section of the 1st VIII, had not been together as a IV before. Their potential was great and indeed they clicked together to produce some of the most devastaing results of the afternoon. Because of lack of practice they found themselves down on every start but came back each time to win strongly. Praise should go to Moorhouse for his magnificent coxing. Perhaps in this crew we have the nucleus for a Henley IV.

Bow, G. Moulding; 2, P. Stevenson-Moore; 3, R. Pinckney; Stroke, M. J. Gleeson; Cox, F. Moorhouse.

2nd IV:

Heat: v. Barts. Lost—3 lengths.

The crew, four of the 3rd VIII were unlucky to meet such good opposition so early in the draw but looked good in their defeat.

Bow, C. Howard; 2, M. Wink; 3, M. Lilley; 4, M. Thomas; Cox, C. Pugh.

5. NOVICE IV's

1st IV:

Heat: v. London Hospital. Won easily.

Semi-final v. Vets. Lost—4 feet (Vets went on to win).

2nd IV:

Heat: v. Vets "C". Won—3 lengths.

Heat: v. London "B". Lost

Two excellent crews who deserved to win the event. We hope that they will improve as much next term as they have this term.

1st IV: Bow, L. Rabb; 2, R. Lewis; 3, S. Large; Stroke, D. Curtin; Cox, D. Evans.

2nd IV:' Bow, M. Brown; 2, D. Carman; 3, J. Squire; Stroke, G. Robbins; Cox, G. Brown.

6. NOVICE SCULLS—Runners-up

Heat: v. Vets. Won easily.

Heat: v. Westminster. Won easily.

Semi-final: v. Bart's. Won—3 lengths.

Final: v. St. Thomas's. Lost—3 lengths.

This was the second successive year Taylor has lost in the final of this event, perhaps he'll be luckier next year.

7. RUGGER IV—Runners-up

Heat: v. Bart's. Won easily.
Semi-final: v. Westminster. Won easily.
Final: v. Vets. Lost—1 length.

This promised to be the Rugby team's third victory of the season. The crew, consisting of three of last year's 1st VIII and two other guest performers, managed to disguise themselves adequately as rugby players—but alas in the final analysis it seems that others were better than us at the art of camouflage.

Bow, R. Forrest; 2, C. Collis; 3, K. Thompson; Stroke, N. Bax; Cox, J. Bates.

UNIVERSITY OF LONDON WINTER VIII's REGATTA, 28th NOVEMBER, 1970

1st VIII JUNIOR DIVISION: Winners

Semi-final: v. King's College. Won easily.
Final: v. Imperial College. Won—1 length.

By no means our best performance of the term but certainly a very effective one. The crew annihilated King's and then, in the final, after taking a ¼-length lead off the start, steadily increased it to one length by the 1,000 metre mark, withstood all the pressure Imperial College could muster to the finish and became the University Junior Champions.

Bow, C. J. Price; 2, D. Preston; 3, R. Newton; 4, G. Moulding; 5, A. Batch; 6, P. Stevenson-Moore; 7, R. Pinckney; Stroke, M. J. Gleeson; Cox, F. Moorhouse.

2nd VIII :

Heat: v. Bart's. Won—1½ lengths.
Heat: v. Vets. Lost—½ length.

A good effort, but having knocked out the favourites in the 1st round, should not have lost to the Vets.

Bow, J. Monson; 2, B. Boyle; 3, J. Taylor; 4, T. Barnes; 5, R. Lewis; 6, J. Ogle; 7, H. Fuller Stroke, N. Hopkins; Cox, D. Evans.

3rd VII: NOVICE DIVISION

Heat v. Vets. Lost—3 lengths.

This was only the freshers' second outing in an VIII, and so they should not be too disappointed by losing to a far more experienced crew.

Bow, M. Brown; 2, D. Carman; 3, J. Squire; 4, G. Robbins; 5, L. Rabb; 6, R. Lewis; 7, S. Large Stroke, D. Curtin; Cox, G. Brown.

SUNDAY, 6th DECEMBER

A RUGBY GAME BETWEEN :

THE BOAT CLUB v. THE "ANGELS".

At H.O.P. Kick-off 3 p.m.

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SOCCER CLUB

George's 2nd XI v. Guy's 2nd XI

Saturday, 21st November. Result: Won 9—2.

On a superb Wembly-size pitch at Cobham, Guy's 2nd XI were unquestionably at home. After terrible defeats last season at the hands of the George's side, Guy's turned the tables on Saturday and right from the first whistle dictated virtually the whole game. Although George's played only 10 men for most of the game, the quite considerable number of goals by Guy's convinced the latter that even if 11 had played, the victory would still have gone to Guy's.

The enormous pitch and immense open spaces all around certainly gave this game an almost dream-like quality and the occasional call for the ball was immediately drowned by the beautiful silence—in such contrast to the Imperial College game the previous Wednesday at Heathrow, where the team lost 4—3 in a freezing wet but very enthusiastic and enjoyable game. Yes, the Guy's side at Cobham lacked enthusiasm and drive, but in a game where goals came so surprisingly easily and the defence chopped most attacks before they had even begun, it was difficult to inculcate the desire to bang in goals against an already defeated and depleted opposition.

The score at half-time was 6—0: it is obvious, therefore, that George's made a half-successful comeback attempt in the second half, which perhaps was sparked by a gift goal from Brummell at left-back half-way through the second half. Indeed, the George's forwards made some brave but frustrated attacks towards Guy's goal, where the 'keeper, Walker, stood for most of the game extremely bored. The goals were scored as follows:—Barber 3, Armstrong 2, Grace 1, Harridine 1, Jones 1, Own goal 1.

Despite the general impression of a side lacking urgency, some good football was played by the 2nd XI during this game and much of the credit must go to the forwards and strong midfield for this extremely good win, a win that must put Guy's 2nd XI at the top of the Seconds Hospital League.

Team: Walker, Brummell, Grace, Edwards, Braine, Harridine, Barker, Leeburn, Jones, Coley, Armstrong.

M. Brummell.

Guy's 3rd XI v. The London 3rd XI

H.O.P., Wednesday 18th November.

Result: Won 11—1.

With the thought of playing the game with only ten men (for the third time running), Guy's opened steadily in the driving rain, against what looked like a strong London defence. After some near misses in their goalmouth, full-back Taylor crashed his shot against an upright with the goalkeeper, playing his first game (and probably his last!), hopelessly beaten. When the eleventh member of the team eventually arrived, Guy's had control of midfield with Karani, Zukowski, and Forgacs playing well, and it was only a matter of time before they scored. From an inswinging corner, Harris headed the first and Forgacs added a second before half-time with an explosive shot after a good run down the left.

In the second half it was all one-way after an own goal from a low corner had made it 3—0. Goals from Thomas, Taylor, Forgacs and Harris made it seven, and with the goalkeeper using the wind to carry the ball into the London half, further goals from Thomas and Zukowski (2) brought up double figures. The visitors scored a consolation goal with a shot which just trickled over the line and with about five minutes left, Harris scored his hat-trick with a shot on the run. Guy's had scored their third win in three games with a goals tally of 23—6.

Team: Hunter, Newman, Taylor, Northcott, Walsh, Forgacs, Karani, Zukowski, Thomas, Harris, Wilson.

M. Harris.

MIDDLESEX 2nd XI v. GUY'S 2nd XI

at Chislehurst, Wednesday, 25th November.

Result: Won 9—3

The team won mainly because of the large goal scoring potential of Ramsay (who scored 5) and Byron (3), temporarily recruited from the rugby club. Both played very good football and Ramsay especially not only took advantage of nicely laid on balls but also laid on some superb balls for the rest of the forwards and the occasional left-back.

Kicking into the valley down the terraced slopes, in the first half, Guy's found no difficulty in hemming Middlesex in their own half. Middlesex had great trouble trying to break through the tight Guy's defence, and the whole defence played really well together with Grace and Brummell occasionally setting up brilliant attacks on the left flank, and Edwards and Walsh also tackling well on the right. The only solution to Middlesex's dilemma was to restrict themselves to pushing throught balls up the middle, which however, were mostly misjudged and their goal in the first half came from a "dipper" shot, the result of a tackle simultaneously as the shot was taken. Lewis ('keeper) was taken by surprise as he was probably expecting a "floater" or perhaps a "bender" but certainly not a "dipper".

Guy's half-backs controlled and maintained the midfield giving great support to the forwards and cutting out many passes, which might otherwise have led to Middlesex attacks. Harridine notably, got through a tremendous amount of work (as always) and by his example has given this team a great deal of drive. Barker at right-half had some really dazzling runs, which must have had a certain demoralising effect on the opposition, although not always leading to goals.

Leading 6—1 at the start of the second half, Guy's wondered how much difference the unbelievable slope would make, but a superb shot by Yan from the edge of the penalty area sending the ball into the top right-hand corner of the goal, settled the outcome for Guy's. After that Guy's were so obviously on top that another two goals by Middlesex did not seem to matter and two more goals by Ramsay made sure of another win for the 2nd XI.

Although the large individual scores might indicate that this game was taken solely by one man runs, such an assumption is totally untrue. Such numerous goals admittedly would most probably not have been scored without Ramsay and Byron, but the latter two were able to score because of the combined effort and support of the whole team, which despite often quite heavy losses to the first team, somehow still manages (though not always) to keep enough regular players so that newcomers can be readily absorbed into a basic pattern of really good teamwork.

Funnily enough many of the "new" 2nd XI played in last season's team; this seasons play is totally unrecognisable compared with last seasons play and it is difficult to put a finger on a single factor, which has caused this change. The large influx of freshers might be thought the main cause, but looking at Wednesday's team, only three did not play last season. Whatever the cause, it is true that success certainly breeds enthusiasm and a desire to play regularly for the team and thus ultimately more success.

M. Brummell.

TABLE TENNIS CLUB

The Annual Guy's Hospital Championship

Kenneth Wang retained his table-tennis title, despite a record participation, to become the first person to win the table-tennis cup twice. Indeed, he could be the best player Guy's has ever had.

This year could be a great year for the club. No fewer than twenty-five freshers signed up to play in the club, which emphasises the need for the

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club to get back into the London University league this year. Two Guy's teams will be competing against all other sections of London University.

In order to keep up the interest of the freshers, the annual table-tennis tournament was organised on a marathon scale, and we had the biggest participation ever.

There were many prizes, including a large cup, which was presented to Guy's Table-Tennis Club by our president, Mr. Pringle. The championship took place on 19th November, from 5 p.m., in the table-tennis room.

There were sixteen first-round clashes, and the best ones were M. Szaz against D. MacPherson (the latter winning 21—18, 21—23, 22—20) and G. Roundtree against F. Cassaylia (the latter winning 21—19, 22—20).

The second round was highlighted by a brilliant performance by Paul Ryching against the former Egyptian champion Raouf Abbassy. Raouf won 21—18, 22—20.

Chris Willis, Steve Willis and Kenneth Wang all came through to the semi-finals quite comfortably, but Calvin Wang had to fight hard against the former Egyptian star.

Calvin beat Chris in the semi-final by 21—15, 21—11, although Chris did far better than the score suggests, and kept an "in form" Calvin at full stretch all the way.

The second semi-final saw the undefeated champion Kenneth Wang against Steve Willis, who had twice lost in previous finals to the formidable champion. This time Wang had to fight hard against his very determined challenger before reaching the final.

The final was therefore between the two brothers, Kenneth and Calvin Wang. The former retained his title by 21—15, 24—22, after what our president, Mr. Pringle, described as the best final he has ever seen at Guy's.

The cup, therefore, stays with the Wangs for the third consecutive year (Calvin won in 1968, and Kenneth has won in 1969 and 1970). We all congratulate them for their wonderful success.

Miss Fiona Odle kept her number one lady's position by defeating Miss Elizabeth Ryman 22—20, 21—12. Six ladies took part.

Mirza Ranyon surprisingly took the freshers' medal after reaching the quarter-final.

The committee of the table-tennis club have hopes of a great year ahead. With such good players, Guy's teams stand every chance of winning the London league. We shall also be defending our Inter-Hospitals cup.

Finally, we would like to thank everybody who participated, or helped to organise this very successful tournament. There will be more to come in 1971.

Steve Willis.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL MEDICAL SCHOOL, LONDON S.E.1.

Applications are invited for the post of whole-time **Senior Lecturer** in the Department of Obstetrics and Gynaecology (Honorary Consultant to Guy's Hospital) with duties to commence on 1st April 1971. Duties will include clinical work as well as teaching and will provide opportunity for research. Salary scale £4,512—£6,330 and superannuation. Forms of application may be obtained from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1. and should be returned not later than **31st December, 1970.**

GUY'S HOSPITAL

Applications are invited for the appointment of **Junior Surgical Registrar** (S.H.O. Grade) with duties to commence as soon as possible until 30th September, 1971. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, not later than **11th December, 1970**.

THE NEUROSURGICAL UNIT OF GUY'S, MAUDSLEY AND KING'S COLLEGE HOSPITALS

Applications are invited for the resident post of **Senior House Officer** for six months commencing 1st February, 1971. The Unit which is housed in the Maudsley Hospital, serves Guy's, Bethlem Royal Hospital and the Maudsley Hospital and King's College Hospital. Application giving details of experience and the names of two referees, should be made by **19th December, 1970** to House Governor and Secretary, The Maudsley Hospital, Denmark Hill, London, S.E.5.

GUY'S HOSPITAL

HOUSE APPOINTMENTS

1st December, 1970

House Physicians

Dr. Mann, Dr. Scott and Dr. Clark	Mr. J. R. De Carteret 3 *months* Mr. J. H. Pitt-Payne 6 *months*
Dr. Hardwick, Professor Trounce, Dr. Cameron and Dr. Ogg	Mr. N. R. Fieldman 3 *months* Mr. P. G. McAndrew 6 *months*
Dr. Houston, Dr. Knight, Dr. Deuchar and Dr. Grimble	Mr. S. M. Kilpatrick 3 *months* Mr. R. H. Savage 6 *months*
Dr. Kauntze, Dr. Joiner, Dr. Burry and Dr. Sowton	Mr. D. F. M. Thomas 3 *months* Mr. G. T. Cheney 6 *months*
Professor Butterfield, Dr. Lessof and Dr. Grahame	Mr. M. Horrocks 3 *months* Mr. E. J. Will 6 *months*

House Surgeons

Professor Sir Hedley Atkins	Mr. T. J. Storrs 3 *months*
Mr. Blackburn	Mr. R. J. G. Rycroft 3 *months*
Mr. Lawrie	Mr. B. R. Kenning 6 *months*
Mr. Glover	Mr. G. B. Hey 3 *months*
Mr. Beard	Mr. M. J. Forbes 3 *months*
Mr. Maynard	Mr. M. H. Faulkner 6 *months*
Mr. Ellis	Mr. N. C. B. Howell 3 *months*
Mr. O'Flynn	Mr. M. F. M. Bamford 6 *months*

House Surgeon to the Breast and Plastic Surgery Units

Mr. A. G. Samuel-Gibbon
3 *months*

Gynaecological House Surgeon

Mr. R. M. Weatherstone
3 *months*

Throat and Ear House Surgeons

Mr. P. H. Reinhold
3 *months*
Mr. J. A. Quant
6 *months*

Orthopaedic House Surgeons

Mr. W. J. Morris
3 *months*
Mr. A. J. West
6 *months*

S.H.O. to the Renal and Transplant Unit

Mr. R. D. Forrest
6 *months*

Genito-Urinary House Surgeons

Mr. J. C. Crisp
3 *months*
Miss A. M. Tihanyi
6 *months*

Children's House Physicians

Mr. D. S. Briggs
3 *months*
Mr. M. E. Worby
6 *months*

House Physician to the Radiotherapy and Endocrine Departments

Mrs. A. Soul
3 *months*

Casualty Officers

Mr. A. V. Hirsh
3 *months*
Mr. J. Maleki
3 *months*
Mr. P. A. Townsend
3 *months*
Mr. M. J. H. Hillier
3 *months*
Mr. W. J. Owen
6 *months*
Mr. A. M. Seal
6 *months*

Resident Obstetricians

Miss C. E. Ross
3 months

Mr. C. Wright
6 months

Neurological House Physician

Mr. J. F. Dufton
3 months

Dermatological House Physician

Mr. A. G. Michaelides
3 months

House Physician in Child Psychiatry

Miss N. Mills
3 months

House Surgeons to the Thoracic Unit

Mr. P. R. E. Baird (S.H.O.)
3 months

Mr. T. Treasure
6 months

House Physicians in the Department of Psychological Medicine

Miss R. Seifert	1. 9.70—31.3.71
Mr. M. A. Simpson	1.10.70—31.3.71

Resident Anaesthetists

Mr R. S. Parsons
3 months

Miss A. M. Skelton
3 months

Miss E. Spark
6 months

Mr. R. P. H. Dunnill
6 months

Senior House Officers to Nuffield House

Mr. J. A. Vale
3 months

Mr. J. B. Bingham
6 months

Children's House Physicians at Evelina Hospital

Miss R. P. Doody	1. 8.70—31.1.71
Mr. H. J. Drake	1.10.70—31.3.71
Mr. I. F. Roberts	1.12.70—31.5.71
Mr. G. Stern	1. 2.71—31.7.71

Casualty Officers at Evelina Hospital

Mrs. K. Kelshiker 1. 8.70—31.3.71

Mrs. S. Aggarwal
3 months

ST. OLAVE'S HOSPITAL

House Physicians:

Mr. I. V. Jones
3 months

Mr. M. M. Henry
6 months

House Surgeon:

Mr. G. C. K. Nkwazi
6 months

Senior House Surgeon:

Mr. J. M. Wyllie
6 months

Gynaecological House Surgeon:

Mr. M. R. Shihata
3 months

S.H.O. in Psychiatry:

Miss M. H. Greenwood
3 months

NEW CROSS HOSPITAL

House Physicians in General Medicine and Geriatrics:

Mr. N. B. M. Pereira
3 months

Mr. B. M. Crichton
6 months

Orthopaedic House Surgeons (S.H.O.):

Mr. P. L. Neustatter
3 months

Mr. G. W. H. Stygall
3 months

Senior House Officer to Rehabilitation Unit:

Mr. A. Bhoomkar
3 months

LEWISHAM HOSPITAL

House Physician to Dr. Price:

Mr. M. F. Shiu
6 months

House Surgeon to Mr. Lynn Evans:

Mr. N. Longhurst
6 months

House Physician to Dr. Roberts:

Mr. J. A. R. Pook
6 months

House Surgeon to Mr. Ivo-Smith:

Mr. P. M. Carter
6 months

House Surgeon to Mr. France, Mr. Bingold and Mr. Monty:

Mr. M. Taylor-Pearce
3 months

House Physician to Dr. Llewellyn-Smith:
Appointment made by Lewisham Hospital

House Surgeon to Mr. Le Brun:

Mr. R. B. Hartley
3 months

House Surgeon to Mr. Cavendish:

Mr. J. M. Ruddock
3 months

HITHER GREEN HOSPITAL

House Physicians in General Medicine and Infectious Diseases:

Mr. A. Jebb
3 months

Mr. D. N. Morton
6 months

MILLER HOSPITAL

House Physician to Dr. Hartley and Dr. Bassadone (S.H.O.):

Mr. D. F. A. Richards
3 months

Mr. M. A. Knight
6 months

Mr. G. McL. Cochrane
3 months

House Surgeon to Mr. Candy and Mr. Gwynne Evans:

Mr. M. N. Vellacott
6 months

House Surgeon to Mr. O'Flynn and Mr. Fyffe:

Miss C. Thorne
6 months

House Surgeon to Mr. Candy, Mr. Williams and Mr. Park:

Mr. N. I. McNeil
3 months

ORPINGTON HOSPITAL

House Surgeon with Physicial Medicine:
Mr. B. F. Akasheh
6 *months*

House Surgeon with E.N.T.:
Mr. T. H. Watford
6 *months*

House Surgeon with Orthopaedics:
Mr. C. J. Noble
6 *months*

House Surgeon with Gynaecology to Mr. Walker Brash and Mr. Chivers:
Mr. M. D. Rutland
3 *months*

House Physician to Dr. Southwell and Dr. Williams:
Appointment made at Orpington Hospital
3 *months*

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson and Mr. Lavy:
Mr. E. R. Townsend
3 *months*

Mr. J. M. Morsman
6 *months*

House Physician to Dr. Miller and Dr. King:
Mr. A. C. L. Fraser
3 *months*

ST. HELEN'S, HASTINGS

House Physicians:
Mr. J. W. S. Kraemer
3 *months*

Mr. N. J. Lattimer
6 *months*

ST. NICHOLAS, PLUMSTEAD

House Physician to Dr. Scott:
Mr. R. D. G. Carmichael
6 *months*

P. J. HELLIWELL,
Superintendent.

PASS LIST

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PERSONAL

GUY'S/KING'S dental partners require immediately a young Assistant/Associate with or without view. M. J. L. Sykes, 42 College Road, Maidstone, Kent.

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GUY'S HOSPITAL THEATRE CLUB

announces the forthcoming production of

THE TALISMAN OF SET

a horror play

by

Anthony Robert

14th to 18th December

in

The Physiology Theatre

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GUY'S HOSPITAL GAZETTE

EDITORS S. M. KILPATRICK and N. D. S. BAX

SPORTS CORRESPONDENT T. W. HIGENBOTTAM

NURSING CORRESPONDENT Miss P. M. JEFFERIES

FORTNIGHTLY TWO SHILLINGS VOLUME 84 NUMBER 2150

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The Time of the Year

As Oxford Street and Regent Street become involved with high pressure sales, the Christmas season is introduced to us. Commercialism becomes a frequently bandied word, yet we all hotly deny that it is a significant part of our festivities. At the greatest Christmas of all times there were neither Port nor After-Eight mints.

When James Cross, the British Diplomat, was released by the F.L.Q. in Canada he said the things he most missed whilst he was being held were the simple things in life. There are many people in the world who have never had even these simple things. Yet we still complacently over-indulge ourselves every Christmas, and say "we really must do something," when the pictures of deprivation and hardship are shown on our television sets. We do very little.

This is the time for charitable organisations. They appeal to our consciences and we guiltily send money, thinking this is the best way to absolution.

This is the time for our bi-annual visit to the local Church.

"Why do you think the vicar didn't smile at us?" asks your wife as you leave the church after the midnight service.

"It is very late, dear, and he must be very busy," and both of you know that this is not the reason. A superficial answer has been given to an important question and this suffices. Superficiality and cutting corners are now the norm in many areas of our life. But there are many to whom a life of even mediocre quality would be preferable to the one they are living now. Let us be more than aware of them this Christmas.

Christmas 1870

Christmas has arrived once again, and with it the almost annual series of power cuts. While inconvenient in many ways, they have at least enabled us to re-live the atmosphere of a genuine old-fashioned Christmas as described by Dickens. On entering Guy's, one was struck by the forbidding exterior of Hunt's House looming out of the fog. This gave way to an atmosphere of charm and romance on reaching the candle-lit wards. Pride of place went to Wilks, which was illuminated by a beautiful Victorian oil lamp.

Power cuts made life more interesting in many other ways. One of the joys of the last week or two has been the fun of telling the time from the electric clocks, all of which indicated something different. Starling, better equipped than other wards, has a clock at each end : not only do they tell different times, but the hands of one go forwards while those of the other travel backwards. Those bored with such frivolities and in search of adventure needed only to go to the nearest lift, the doors of which bore dire warnings of the probable fate of anyone foolhardy enough to enter.

It was in this atmosphere of Victorian darkness that this *Gazette* was compiled. Lurking in the shadows and partially responsible for the resultant chaos were Tony Davis, Jim Lewis, James Pitt-Payne, and Chris Thomas. We thank them for their efforts.

We wish you all an enjoyable Christmas and New Year.

GUY'S DIARY

JANUARY

Fri. 1 1.00 p.m. Clinical Lecture. Mr. BRAIN.

OBITUARY

Guy Reginald Hind

G.R., as he was usually known, came to Guy's in 1905, from Haileybury, and very quickly proved his ability as a rugger player by playing regularly in the first XV for the whole of his time at Guy's. In 1906 he played for London Counties, and in 1908 he was one of four Guy's men chosen to play for an Anglo-Welsh side, which toured Australasia. He was present on the famous occasion when the "Milk Churn" was acquired. In 1909 he was secretary of the rugger club and captain in 1910. In both years Guy's won the cup. At various times he played for the Barbarians, Blackheath, Kent, and in 1911 was capped for England.

After holding the appointments of house officer to Mr. Fagge, Mr. Dunn and O.P.O., he joined his father, himself an old Guy's man, in general practice, in Stoke-on-Trent. For over fifty years G.R. led the full life of a very popular general practitioner and surgeon. He was Medical Officer to the Midland Railway and to the Blind School, and Consultant Surgeon to Longton Cottage Hospital until 1948.

Throughout his professional career he was most ably supported and encouraged by his wife, Rose (née Miller), who was a direct contemporary of Miss Emily MacManus.

After retirement in 1964 he devoted his time to his favourite hobby of gardening until ill-health forced him to forego that pleasure.

He died peacefully in his sleep on 8th November, just too soon to hear that his grand-daughter had passed her State Finals at Guy's.

To his daughters we offer our sincere sympathy.

Memorial Service

A Memorial Service for Professor M. A. Rushton, C.B.E., LL.D., M.D., Odont.D., F.R.C.S., F.D.S., will be held in the Hospital Chapel on Monday, 4th January, 1971, at 1.30 p.m.

HAYDN AND MOZART

by

G. L. Davies

After listening to classical music off and on, as opportunity has presented itself, for some sixty years, one feels sure that there must be many people like oneself who think that, for consistent musical pleasure and satisfaction, there are no two composers to equal Haydn and Mozart. And today, from a study of concert programmes and B.B.C. broadcasts, there is evidence of an increasing popularity of these two great musical geniuses of the 18th century. Two important facts relating to these two men are that, in the course of time, Haydn came to be recognised as the "Father of the Symphony", whilst Mozart has been hailed as the father of the modern orchestra. Furthermore, if one may expand on these particular facts at this point, it is to say that Haydn wrote over a hundred Symphonies, all of which were characteristically stamped with his own particular genius, whilst Mozart was destined to leave a vivid and lasting impression, not only on opera, but also on the Symphony as a musical *tour de force*. A fact of historical musical importance, too, is that Mozart used three trombones in his opera *Don Giovanni,* and this is the first instance of this use of trombones, an instrument which came to exert a tremendous effect on the sonority and impressiveness of orchestral music as we know it today.

Of greater importance, possibly, is the fact that the use of trombones in this particular instance is thought to have made a great impression on the young Beethoven who, for the first time in the history of music, made use of three in a Symphony, and that was in the Finale of his well-known 5th Symphony.

It is possible to have much interest in classical music, and yet have little or no knowledge of the theory and technicalities of musical composition, and to these shortcomings I must plead guilty. "Reading about music without listening to it is useless," says one critic, and one would certainly agree. Where music is concerned, listening is all, surely. However, some reading is essential, and, for comment on current production of some of the classics, one cannot do better than read the appropriate columns of the *Daily Telegraph*. There one can read pleasantly informative, and not too esoteric, accounts of what is going on in the world of good music today.

Accounts of the works of the mature Haydn and Mozart are easy to come by. Their life histories, however, are of some interest, too, on the principle that the child is the father of the man. One tends to think of great musical figures as some sort of celestial bodies, sitting high up somewhere, rhapsodically playing the organ perhaps all day and half the night, though one knows only too well that that is a mere whimsey of one's own. One has reason to think that Haydn had some kind of puckish sense of humour which, now and again, found its way into his music, possibly in some scherzo or 3rd movement of a Symphony. Mozart, too, was certainly not devoid of humour, and to read his sour comments about the landlady's "ill-favoured" daughter who tried to foist her unwelcome amorous attentions upon him when he was giving her music lessons, were not devoid of humour, albeit, perhaps, of a rather crude kind.

Haydn's parents were quite poor, but had musical tastes of a simple kind; they also had religious habits: Haydn himself as a boy, had good vocal abilities, and he had early music lessons from a distant relative whom he called "Cousin". Though he expressed gratitude for what this "cousin" did for him, musically presumably, he said that he got more floggings than food. At this time he learned to use a drum which, incidentally, reminds us of his well-known "Drum Roll" Symphony. After this he became a chorister in a church in Vienna. When he was about 24 he married the daughter of a wig-maker, three years his senior, "a regular Xanthippe" (Socrate's vixenish wife) who, he said, cared neither whether he was an artist or a shoemaker. Much domestic misery followed. In 1761 he joined the family of the Austrian Count Esterhazy, all of whom were enthusiastic musicians. This did much to advance his fortunes, and his musical output increased apace, so that he was well-known about this time as the composer of at least 30 symphonies. These increased to 60 between the years 1765/6. Esterhazy had an establishment of resident musicians in Vienna and Haydn, who had succeeded to the rôle of Kapelmeister, was a member of this body for many years. In 1790, Haydn came to England and won immediate and wide popularity. During this visit he met the surgeon, John Hunter, who asked in vain to be allowed to remove a polyp from his nose. Hunter's wife, incidentally, wrote the words for most of his 12 English canzonettas. In 1792 Oxford University conferred the degree of Mus.Doc. on him, and, on this occasion, his "Oxford Symphony" was performed. His No. 93 Symphony was also performed at this time, and its popularity was such that it ensured the success of the whole series of "London" Symphonies.

Haydn and Mozart became acquainted and close friends during Haydn's sojourn in Vienna, and each had great admiration for the other. As symphonists, Haydn used to start with a slow movement usually, and then work up into a rapid and melodious flow of music. Mozart adopted the same style at first, and then gave up the slow initial movement, and plunged at once "in medias res", so to speak, and continued with a suggestion of greater depth than Haydn. "The period of Haydn and Mozart", wrote Sir Hubert Parry, "is, in every respect, the principal crisis in the history of the symphony". On his deathbed, Beethoven is said to have remarked on seeing a view of Haydn's birthplace, "To think that so great a man should have been born in a common peasant's cottage".

Though Mozart's great work as a composer may be well-known to many people, not much perhaps will be known about Mozart the man. It may not be known for instance that he died at the early age of 35, reminding us of Schubert and Schumann, who also died in their 30s. He was a man of complex character and, to read some of his letters, those to his father for instance, one is struck by a tone of almost boisterous youthfulness, and some of his remarks would be too vulgar to pass muster in a drawing room. He had a great affection for his family, and, though he seems to have written regularly to his father in terms of great filial affection usually, he takes him to task occasionally for his lack of trust in him. "You treat me as if I were an arch-scoundrel, or a blockhead or both", he says to him in one letter. However, their correspondence is resumed, on his part at any rate, in a tone of almost maudlin affection. Writing to his sister he says: "I kiss Papa's hands 100,000 times", and, years later, writing to his wife, he says:—"I embrace you 1,005,060,437,082 times", and one begins to wonder if he hadn't somehow strayed into the 20th century, and was suffering from some sort of "computeritis". He was long engaged in the struggle to become well established, and he suffered from a constant shortage of money. He was never very generous in his remarks about other musicians, and, very unfairly, had a poor opinion about French and Italian music in general. When he was engaged on his compositions he was capable of great detachment from everything else. Even when his wife was having her first baby, he was busy in the next room, composing a symphony in honour of Haydn, which brings to my mind a little sentence which I had to translate into Latin in my early days at school:—"Rome was burning: Nero was fiddling". He had strong religious convictions. Writing to his father in May, 1778, a few months after the death of Voltaire, he says, "that godless arch-scoundrel, Voltaire, is dead, pegged out like a dog". He married one of Weber's daughters, and had some crazy idea that his first child should be brought up on water, despite the fact that a number of his own brothers and sisters had died from this particular régime. However, he was eventually persuaded of the error of his ways in respect to the proper diet for a baby.

"After his 'Jupiter' symphony", writes a critic, "Mozart wrote no other symphony, and his mighty achievement there must stand out as a model for those composers who know that a great symphony cannot be written without a mastery over counterpoint". Perhaps it is of interest to read the comments of the author and music critic, Eric Blom, about Mozart. "The letters of Mozart", he says, "are supreme among those of composers for the self-revelations of a professional artist and of a human being. Mozart the man is not by any means as faultless and elegantly aristocratic as his art, but is, in his way, as lovable and perennially fresh. There are crude and, occasionally, rather mean things in his letters that may shock those who do not make allowances for the manners and mentalities of a different age; but he is what those most deserving of one's truest love always are in the end—forgivable.

CHRISTMAS ARRANGEMENTS

Tuesday, 15th December

6.30 p.m.	Carols by the Southwark Cathedral Choir. Party A: Hunt's House, Nuffield House and York Clinic. Party B: New Guy's House.

Wednesday, 16th December

7.30 p.m.	Festival of Nine Lessons and Carols in the Hospital Chapel.

Monday, 21st December

4.00 p.m.	Diplock Dressers' Tea and Ward decorations.

Tuesday, 22nd December

4.00 p.m.	Dressers' Tea and Ward decorations.

Wednesday, 23rd December

4.00 p.m.	Dressers' Tea and Ward decorations.

Thursday, 24th December

11.30 p.m.	The Blessing of the Crib and the Midnight Eucharist in the Hospital Chapel.

Friday, 25th December

6.00 a.m.	(Tea and biscuits in the Dining Room at 5.45). Nurses' Carols in the wards.
7.00 a.m.—7.40 a.m.	Breakfast in the Nurses' Home.
7.45 a.m.	Day Nurses on duty.
8.30 a.m.	Holy Communion in the Hospital Chapel.
10.30 a.m.	Morning Service in the Hospital Chapel.
12 midday	Patients' Christmas Dinner.
1.00 a.m.—2.00 p.m.	Resident Domestic Staff to lunch in the non-resident Staff canteen.
1.00 p.m.	Nursing Staff Christmas Dinner in the wards.
3.30 p.m.—4.30 p.m.	Patients' and Staff tea in the wards.
7.30 p.m.—8.30 p.m.	Nursing Staff supper in the wards.
8.15 p.m.	Christmas Show in the Physiology Theatre, Staff only. All day nurses to be off duty and out of the wards by 10.00 p.m.

Saturday, 26th December

	It is hoped the wards will be visited by the cast of the Christmas Show.
8.15 p.m.	Christmas Show in Physiology Theatre. Staff only.

Wednesday, 13th January

6.45 p.m.—8.45 p.m.	Governors' Cocktail Party for the Sisters at the Clothworkers' Hall, Mincing Lane, E.C.3.

CHRISTMAS, 2970

The gamma radiation alarm woke me at 8.30 a.m., as usual. Christmas Day, I thought; well it might be Christmas for some, but for the Take-In House Computer it's just another working day. I rolled down to breakfast in the Spit. "Morning, C.T. 538", said N.B. 654. "Happy Christmas", I replied. "How's the bodywork?"

"Not too good at the moment. I was out on the oil last night; I've got a touch of a hinge-over".

I absorbed my morning's dose of stale Spit electricity, then lit up a valve.

"The one good thing about Christmas", I said, "is that you don't get the students getting their flex under your castors".

"No", agreed N.B. 654. "Is that intelligent student still on your firm?"

"You mean L.J. 963. Yes, she's still feeding the Chief impossible data".

The video screen flashed "Dr. C.T. 538 to Dorcas", so I stubbed out my valve and with a parting nod to N.B. I made my way up to the ward for the Christmas morning round with the Chief.

"Happy Christmas, Sister", I said, noting with delight that the gorgeous little Staff Nurse M.J. 222 was on duty. She had a tantalising hint of lipstick around her feed-in tube that made her the obvious choice for the mistletoe when Sister wasn't looking.

"You're late", grumbled Sister. "It might be Christmas, but the Chief still has his round to do".

"Sure, I'll plug him in straight away", I replied.

We wheeled the boss out of the Consultant's cupboard and plugged him into the mains.

"Has the week gone already?" whirred Professor H.A. 64. "Goodness me, doesn't time fly quickly. I was completely absorbed in composing an interesting tape on loss of memory cells after trauma for next month's *Lancet*".

"It's Christmas, sir, and we are on take in this week. Sister says that you always have a round on Christmas morning", I answered.

"Quite correct, my boy", the Prof. whirred. "Shall we see the take-in patients?"

"The first patient is over here, sir".

"Tell us about your illness", the Prof. asked the patient.

"I was run over by a hover bus last night, and I developed this terrible pain right here".

"Looks serious", the Chief whispered to me. "I think he has fractured his crank shaft". "How old is he?"

"238 years, sir, and he is a Mark I as well".

"No hope then, I'm afraid", sighed the Chief. "Sister, stop his electricity. I think it would be kindest to let him run down peacefully without treatment. He couldn't stand a major operation like a crankshaft transplant". "Any other patients, C.T.?"

"Just one, sir. Difficult diagnostic problem as well. Was out in the rain all Wednesday, and two days later developed this erythematous sealing rash all over. I've never seen anything like it before".

"Good Rod", chuckled the Prof. "Rust, old-fashioned rust, don't they teach you young House Computers anything in Medical School these days?"

A Right Charlie

A consultant specialising in skins,
Looked up the wrong drug in his MIMS.
He treated all spots
With testosterone shots,
Now all his young hers are young hims.

More Ron

A Guy's Paediatrician confessed:
" Children's nurses should topless be dressed,
Children don't scream
When a breast's to be seen,
And the students sure won't be depressed."

POST-PRANDIAL CHOLINERGIC CATHARSIS BRAIN TEASERS

Introduction

These puzzles are designed to divert you in the lethargic hours following Christmas lunch. They require no more mathematical skill than the ability to think clearly and perform multiplication. They are, however, from amongst the most diverting of all mathematical puzzles.

Everybody lied

When a psychiatrist was found murdered in his apartment, four of his patients were questioned about his death.

(i) The police knew from the testimony of the witnesses that each of the four patients had been alone with the psychiatrist in his apartment just once on the day of his death.

(ii) Before the four patients were questioned they met and agreed that every statement that each patient made to the police would be a lie. Each of the patients made two statements as follows:—
Avery:

1. None of us four killed the psychiatrist.
2. Psychiatrist was alive when I left.

Blake:

3. I was the second to arrive.
4. The psychiatrist was dead when I arrived.

Crown:

5. I was the third to arrive.
6. The psychiatrist was alive when I left.

Davis:

7. The killer did not arrive after I did.
8. The psychiatrist was dead when I arrived.

Which of the four patients killed the psychiatrist?

Little William and the Marbles

Little William had a passion for marbles, and on his last birthday he had signal success in obtaining very many marbles from his parents and uncles and aunts.

One day his mother found him seated on the floor laying out his marbles in colourful, geometric figures.

"What are you doing, William?" she enquired.

"I'm playing Chinese chequers, like you do", was the response. Indeed, William had arranged his entire stock of marbles into triangles of equal size.

"Well", laughed his mother, "You certainly would need a lot of players for that game!" Then she left, but presently William called her back.

"See, Mummy, no it doesn't take so many players!" Sure enough William had re-arranged the marbles into a smaller number of larger triangles, all equal.

"That's very clever, William. It must have taken a great deal of patience to make the numbers come out right".

"Oh, no, Mummy, it's easy. Look!" And before her astonished eyes the precocious child proceeded to re-arrange the marbles four times more, each time making a smaller number of triangles all of the same size.

"I declare", she said, "I never saw anything like it! It must come from your father's side because I was never able to do the multiplication tables". To cap it all, little William put all the marbles together and made a triangle.

What is the least number of marbles little William could have had?

Dudeney's cigar puzzle

This is a puzzle about symmetry that is one of the most famous commonsense puzzles of all times.

Two men are seated at a square topped table. One places an ordinary cigar (flat at one end, pointed at the other) on the table, and the other does the same, and so on alternately, the condition being that no cigar shall touch another. Which player should succeed in placing the last cigar, assuming that each will play in the best possible manner? The supply of cigars supposed inexhaustible. The cigars are supposed to be of a uniform size and shape.

The Camper and the Bottle

At seventeen minutes past one on a Sunday afternoon, a camper embarked in his canoe, commenced to paddle up-stream at the rate of four miles per hour, against a current of one-and-a-half miles per hour. At five minutes past two o'clock he drew abreast of a corked bottle floating in the stream. Deciding against stopping to examine it, he continued on his way only to be overcome presently by curiosity. He turned around, paddled back and caught up with the bottle as he reached his camp.

Removing the cork, he found a paper inside, on which was printed in large letters :

HOW FAR DID YOU GET FROM CAMP BEFORE YOU GAVE IN TO YOUR CURIOSITY?

There is no reason why the camper should have paid any attention to this odd message, but you know how these things are. Fortunately he had noticed a large oak tree on the bank just at the point he turned about, so the next day he paced the distance from his camp to the tree and found the answer. Still, don't you think he might have saved himself the walk?

Solutions

The solutions to these problems will be published in the next edition of the *Gazette*. Meanwhile, happy puzzling. If you have any good brain teasers, we would be delighted to receive them, with a view to publication.

mps

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protection
society est. 1892

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Arrange membership now.
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or
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30 Park Square, Leeds 1
Telephone: 0532 42115-6

" Why can't the Doctors speak English ! "

A selection of typographical errors 1968-1969 from an unnamed hospital

1. An electric caesarian section was performed.
   An elective caesarian section was performed.
2. The urine contained grain carts.
   The urine contained granular casts.
3. Power hormone.
   Parathormone.
4. Mobile pneumonia.
   Lobar pneumonia.
5. Foetal injection.
   Faecal impaction.
6. Kept for C.L.
   Encephalocoele.
7. He received 30 packed cells intravenously.
8. There was hairy anal anaesthesia.
   There was peri-anal anaesthesia.
9. 1 vile Ampiclox 6-hourly.
10. National respiratory distress.
    Neonatal respiratory distress.
11. A catheter was placed in his umbilical brain.
    A catheter was placed in his umbilical vein.
12. Pregnancy complicated by virginal bleeding.
    Pregnancy complicated by vaginal bleeding.
13. No male genitalia.
    Normal genitalia.
14. Falls into the group of low birth weight dwarfs whose faeces are characterised by a Grecian nose.
    Falls into the group of low birth weight dwarfs whose facies are characterised by a Grecian nose.
15. No bleeding diaphysis.
    No bleeding diathesis.
16. Moderately dehydrated, dry mouth, sunken eyes, foreskin turgor.
    Moderately dehydrated, dry mouth, sunken eyes, poor skin turgor.

The Art of Knupping

It was Hugo Trowell who introduced the art of Knupping to an astonished world in 1490. Two years later he was to contract scurvy during his attempt to be the first person to sail the Atlantic single-handed, and unfortunately he perished in the attempt. He would probably have died anyway because America had not then been discovered and he would have fallen off the edge of the world. Before his death he had taken the precaution of publishing a detailed account of Knupping in "Ye Olde Lancette" of 1489. The "Lancette" was as widely read then as it is now so it is not surprising that nothing was heard about Knupping for another hundred years. Trowell's great-great nephew, Sir Owtrey Forcepp, had the honour of re-discovering the original paper during the Great Winter of 1592. While searching for firewood, Forcepp discovered a vast pile of unopened B.M.Js. at the bottom of which was the copy of the "Lancette". His curiosity was to prove lethal because Forcepp lost his grip on the pile of B.M.Js., which fell and crushed him to death. All that was found at post mortem was an outstretched hand clutching the "Lancette" of 1489.

The paper was reverently preserved in the Wills Library, where it lay, like the inhabitants, peacefully undisturbed except for occasional pepys by 17th century diarists.

The paper was then sent to the Records Department, after which no trace of it could be found.

The art of Knupping remains a mystery.

OBITER DICTA

Dr. C*l*n H*nt*r-Cr**g:

"Now, why has this patient been sent to me?"

Student:

"Because he's dead."

N*ck B*rw*ll to a known diabetic:

"Do you have any sugar in your water?"

Patient:

"No, Guv, I only 'ave it in my tea."

Patient:

"My doctor told me I was an 'yperdendriac."

Mother at Out-Patients, on being asked about the health of her epileptic child:

"Oh, she's fine except when she gets these methylated fits."

G*l*s T*yl*r during a power failure:

"I had to *work* last night by the light of an ophthalmoscope."

Ward Clerk's notes on a patient's education :

"At school he was noted for athletic rather than acedemic skills".

A COOKS TOUR OF CHEZ GUY

Jim McEll

Recently the *Gazette* commissioned several food experts, wine experts and Boat Club members to review the eating establishments of S.E.1. After very careful consideration and several rounds in the Grapes, the team decided to spend a few minutes at Chez Guy. The team then walked into the Park and have not been seen since. This is their report.

WARD CHRISTOPHER***

This is a truly excellent rendezvous, with a fine view of ancient Southwark. The furnishing is rather Oriental and very comfortable unless you are in traction. It is, however, a little inaccessible unless the lifts are working, and we advise taking the stairs slowly. We were taken into the luxurious back room by several fascinating female Hostesses. Our food expert says, "This is a really fantastic selection and the food is not bad either." Our wine expert was asked to comment and replied, "This is good stuff!"

THE PLAYBOY BAR***

The team was impressed by the array of sports cars outside this fashionable establishment. On entering we were greeted by a friendly porter who directed us to the room upstairs. It was dimly lit and possessed wall carvings not unlike those of the Temple at Katmandu (see *Gazette* 1st August, 1970). Those people not making notes about the wall were helping themselves to a never-ending supply of drink. The prices are very reasonable considering it is a currency-free area. We asked our wine expert to comment, who replied, "Mine's a pint."

CAFE AU SPIT ?

Unfortunately, we did not see much of this dust-ridden room, since it only opens during power cuts. However, the neat rows of tables and chairs among the torn-up notices, broken plates and old Bridge score sheets looked most inviting. When asked to comment, our wine expert passed out. We picked him up and carried him down to Ted's Dive.

TED'S DIVE**

Our wine expert responded to treatment and completely sobered up while we waited to be served. The ale was excellent but our gastronomic expert writes:—"The food was not cooked with the delicacy found at the Savoy—in fact it was not cooked at all." We were very impressed with strains of imported music occasionally heard coming from the large birdcage.

THE TOWER ROOMS*

Sitting on top of this multi-storey aviary, the team was astounded as the tea arrived by crane. The air-conditioning was a bit excessive but this could be rectified by installing walls. Despite the discomfort and the loss of our wine expert on the way, this is the best tea room in S.E.1.

THE CASUALTY INN****

We found our wine expert and entered the Casualty Inn, which is the cream of the crop. As we entered its regal corridors, we were greeted by its lovely hostess, who was wearing a blue Christian Dior Original, and by the Police Department, who were wearing boots. Our food expert writes: "The dishes are prepared with great zest, daring and precision, yet they somehow managed to pull it off without getting caught. The price is reasonable apart from the work outside."

Our wine expert passed out again and immediately some of the other guests looked to see if he needed suturing.

Comments :

On returning to the *Gazette* Office, we interrupted the Editor's weight-training. He offered us Aludrox and read the report earnestly. Our Editor writes: "I will not print this! The Boat Club is only mentioned once!"

The drama of Monty Python

and

The slapstick of Ibsen

are

combined in

THE CHRISTMAS SHOW

at

8.15 p.m.

on Christmas Day and Boxing Day

in the

Physiology Theatre.

Comment on Two Lectures recently given at Guy's

GENETIC ENGINEERING AND EUGENICS

The first two lectures of the series organised by the Guy's Society for Social Responsibility in Science dealt with certain aspects of genetics which have been heavily discussed in "colour supplement" terms in several recently published books and in the press. Anyone attending these lectures and looking for sensational disclosures or horrifying predictions was disappointed. Both Professor Pontecorvo and Professor Penrose took a very cool look at the future possible applications of the "New Biology".

Professor Pontecorvo, in the first lecture, defined genetic engineering as any process for altering the genotype of the zygote by direct means, and started by summarising present knowledge of the chemical structure of the gene and the molecular process by which it achieves its immediate expression. Following this he described those techniques known at present which can be used to alter directly the genotype of a cell, e.g. nuclear transplantation and the injection of foreign D.N.A. which could be included into the genome. Professor Pontecorvo felt that it was difficult to predict how far we were from being able to use these techniques with any degree of certainty or on a sufficient scale for them to be "attractive" alternatives to the established methods of deriving desirable genetic strains. However he stressed that the techniques would undoubtedly be developed, and probably used. Firstly perhaps they would be used on micro-organisms for industrial purposes, then perhaps on plants for agricultural reasons and then the pressure would be to use them for developing domestic livestock of advantageous genotype. The next step could then only be man. Obviously once set in motion, the progression from microbes to man could occur quite easily for perfectly sound and superficially humanitarian reasons. The techniques themselves have no moral bias, this would arise only from the purposes for which the techniques were exploited. Because of this Professor Pontecorvo felt that it was imperative that the knowledge of such techniques be presented in clear terms to the public as they were developed as a means of preventing secrecy and possible undesirable application. During the discussion several people raised the question of the curing of genetic defects by the injection of hybrid cells or suitable viruses but Professor Pontecorvo pointed out that this was "euphenics", or "phenetic engineering" since the correction would not change the genotype of that individual's sex cells and thus not be passed on to the offspring.

Professor Penrose talked on the subject of eugenics. This subject has been discussed for many years in an ethical context and has recently achieved renewed prominence as a consequence of the development of methods of examining cells from the "in utero" foetus, and of the possibility of genetic and of phenetic engineering. The very expression eugenics implies a process of betterment and of optimising the gene pool of man. Professor Penrose's discussion was directed towards showing that any such process would necessarily diminish genetic variability in man, and that in our present state of knowledge this could well have disastrous consequences. On the subject of genetic counselling, with its strong overtones of eugenics and its increasing strength because of the ability to examine foetal cells and to test them for certain gene and chromosomal defects, Professor Penrose felt that it should remain merely as an advisory body, the final decision remaining with the parents.

Both of these lectures, by two men with many years experience in the field of genetics, put the advances in techniques and of our knowledge of human genetics in perspective removing the more sensational claims which have been implied in most popular accounts. There was some disagreement between the two speakers however on the possibility of gene manipulation being attainable and whether or not such techniques could achieve practical significance. Nonetheless both speakers agreed that any procedure which diminished the genetic variability of man would be detrimental in itself, even if one did not consider the restrictions on human individual rights which would be necessary in order to bring about such a change.

N. A. G.

CORRESPONDENCE

Health is not Economic

SIR,—Your editorial "Health is not Economic" contains much truth, but it is a sad thought that Guy's house physicians have to spend their time refusing admissions to patients "suffering from natural diseases of old age".

If Guy's is going to reject such patients, I cannot see how it can expect to fulfil its rôle as a community hospital or teach students about the realities of contemporary medicine. A hospital which would seek to concentrate exclusively on intensive care, renal transplants, valve replacements and pace makers, valuable as these are, will be ignoring 95 per cent of hospital medicine and would have little right to remain an undergraduate teaching hospital.

It seems to me that it is high time that geriatrics figured more largely in the medical curriculum. In an active geriatric department, patients of the type described in your article are welcomed rather than rejected. It is totally untrue that no medical treatment can help such patients, and the idea that they come to hospital simply because they cannot be looked after at home is a myth. Experience shows that in almost every case a good medical reason has precipitated the demand for admission and that something can always be done. Such patients need hospital treatment as much as any other member of the community.

In the Hastings geriatric unit, 1,200 such patients a year are accepted, and almost two-thirds return to the community after treatment and rehabilitation. I am glad to say that the housemen from Guy's who have recently been working here have shown themselves well able to understand their needs and have found the work professionally rewarding.

Yours faithfully,
R. E. Irvine, M.A.. M.D., F.R.C.P.,
Consultant Physician, Geriatric Unit.

St. Helen's Hospital,
Hastings.

Groceries Appeal

SIR,—May I please use your columns to appeal for groceries for Christmas parcels. Each year it is our custom to make up a number of Christmas parcels for distribution amongst those in need in this part of Southwark. I know that in spite of the "Welfare State", there are, for one reason or another, many families who cannot afford to buy anything extra for Christmas. Even a small parcel of food and toys can bring great and unexpected happiness.

Please will you kindly leave your gifts in the boxes at various places in the Hospital before 21st December, 1970.

Thank you very much.

Yours sincerely,
Robert Kempster,
Chaplain.

Guy's Hospital,
London, S.E.1.

A Question of Authority

SIR,—I have been very disturbed reading the nursing section of the Guy's *Gazette* recently and the one "A Question of Authority" in your edition dated 5th December has really incensed me to put pen to paper.

I am a Guy's trained nurse and spent ten very happy years in the hospital. I am therefore appalled at the attitude of some of the nursing staff who would appear to be working in the hospital. Guy's has not yet implemented Salmon, so is not in a position to be so critical and to say that Salmon has caused chaos throughout the country is nonsense.

Of course nurses, like everyone else, are apprehensive about change, but change is essential if we are to progress. I have been a Chief Nursing Officer since 1st January, 1970, and am slowly implementing the recommendations of the Salmon Report and I should like to inform your writer that chaos does not exist in my Group. In fact, we are much more organised, each Nursing Officer clearly having her own line of authority. Who are all these people that the Ward Sister is supposed to be responsible to? Under the Salmon Structure she is only responsible to her own Unit Nursing Officer. Nurse Administrators have not proliferated here, we now have fewer than in the pre-Salmon days.

Yours sincerely,

Molly Farnsworth
Chief Nursing Officer,
Harrogate and Ripon Hospital Management Committee.

10 Rydal Road,
Harrogate,
Yorkshire.

Soft boiled egg-heads?

SIR,—It was recently said that students at Guy's were so busy at medicine, they soon would not have time for good-class sport.

Can this be true? Are the egg-heads to take over?

By itself, more knowledge does not make a better doctor. Better-chosen instruction might lead to an improved model; instead the desert of medicine crossed by the student is to be made greater, if what we are told of takes place.

A piratical Dean said the old truth—"all work and no play makes Jack a dull boy"—and a poorer adviser to his patient.

Yours, etc.,

K. Nicolson.

Queen Camel,
Yeovil,
Somerset.

NOTICES

Post Graduate Programme

SURGICAL MEETINGS

Pre- and Post-Operative Blood Flow Evaluation in Patients Undergoing Peripheral Vascular Surgery

Chairman: F. G. Ellis, M.S., F.R.C.S.

Discussants:
John Woodcock, B.Sc., M.Phil., Ph.D.
Peter Jochimsen, B.A., M.D.
Mrs. J. Keats, B.Sc.

Time: Wednesday, 6th January, 1971, 12.45 p.m.

"CASE PRESENTATIONS"

Wednesday, 20th January, 1971, 12.45 p.m.

"CORRELATION OF CLINICAL AND LABORATORY METHODS."

Place: Clinical Conference Theatre—2nd Floor, New Guy's House.

Lunch will be provided

GUY'S HOSPITAL CLUBS' UNION

ROSE BALL, 1971

FRIDAY, JANUARY 15th

Savoy Hotel **Evening Dress** **Double Ticket 5½ guineas**

8 p.m. for Dinner at 8.45 p.m.

Dancing to two top Bands until 2.30 a.m.

TOMBOLA

We have unfortunately been forced to increase the ticket price by half a guinea as last year we incurred a considerable financial loss. This increase alone is NOT sufficient to cover the deficit, and we are therefore even more reliant on strong support for the tombola. Anything spare that would make suitable prizes for the stall would be most welcome. Please send to Mrs. V. J. Wass, East Wing.

The Rugby Football Union Founder Clubs' Centenary Banquet

This unique occasion will be held at The Guildhall, City of London, on Tuesday, 26th January, 1971, 6.45 for 7.15 p.m. Tickets, inclusive of drinks, are seven guineas and are available from Dr. I. A. Baker, Guy's Hospital, London, S.E.1.

GUY'S HOSPITAL RESIDENT OFFICERS

DECEMBER 1970 to MARCH 1971

President: Mr. R. J. G. Rycroft
Vice-President: Mr. M. F. M. Bamford
Bar Secretary: Mr. R. P. H. Dunnill
Bar Treasurer: Mr. P. H. Reinhold
Assistant Bar Treasurer: Mr. T. J. Storrs
Entertainments Committee:
Mr. B. R. Kenning, Mr. A. M. Seal, Mrs. A. Soul, Mr. A. J. West.

NURSING SECTION

Teaching Hospital and Community

A Symposium, under the above title was held at Guy's on Wednesday, 2nd December. To this gathering were invited representatives from all the area Hospital Boards in the country. The purpose was, as already indicated, to discuss the place of a teaching hospital in its local community.

The speakers chosen for the occasion were Professor Sir Hedley Atkins, Professor Butterfield and Dr. Vaughan who described the three projects with which they have been involved in a most interesting and amusing way. Following them, Miss Brysson Whyte gave an account of the rôle of the nurse in the community. She described the new syllabus of training and emphasised that one must give the nurse a much better insight into the care of people outside the hospital. She also pointed out, however, the great difficulty involved in bringing this syllabus into being. In order to allow nurses to undergo the prescribed training, substitutes have to be found in order to keep up a service to the patients; and, as long as the students of the Profession continue to be used as the main labour force, adequate training will be extremely difficult. However, if nurses are to be truly working in the community, this type of training must be made possible.

In addition, Miss Whyte described the recently introduced experimental training in which nurses will take their qualifying examinations at the end of two years, and then work in the hospital in a senior capacity prior to becoming registered.

Mr. Burfoot was the last speaker and he gave an account of the developments at present in progress throughout the hospital.

After an excellent lunch, the hospital was open for visiting by the guests, in order that they could see some of the departments, of which they had heard during the morning.

It can only be coincidental that during the same week a combined nursing and medical conference should be held in London. At this, Sir Keith Joseph was reported as saying that wherever possible patients should not be admitted to hospital but remain at home. It would seem that the general trend seems to be in that direction, and it certainly seems logical that people should remain in their homes whenever possible.

Is it not then something of a paradox, to discover that when efforts are made to keep patients out of hospital, by treating them as day cases and outpatients, criticisms are levied at those concerned, because the statistics show increasing numbers of empty beds?

SPORT

SPORTS COMMENT

Greetings to all readers: I wish them all a merry Christmas and a happy New Year. I would like to apologise for the absence of rugby reports in many previous editions. There is the Rosslyn Park match included below, but most of the games have gone unreported.

However, as most informed readers will know, the 1st XV and 2nd XV have not had a very successful season so far. It seemed, therefore, to have no point in merely reporting a long list of defeats, but rather to summarise the major events in the club and the efforts made by the officials to keep first-class rugby at Guy's.

Unfortunately, many of the quite renowned Guy's players left before this season. Some, however, have remained at Guy's doing house jobs. For these players it must cause some conflict with their consciences each Saturday when they are free to play. It is to be hoped that they will be able to help the 1st XV this next half of the season, particularly with the coming U.H. Cup matches.

The future seasons do not look so bright, as this year there were fewer than ever, new players coming to Guy's. Indeed, there were only 20 freshmen to the trial, and the Colts XV has had some difficulty with getting players available for Saturday games. Dr. Peter Swift has put in much hard work training this side. As a compliment to his work, two of the Colts' centres have played some games for the 1st XV.

The 2nd XV has been very unsuccessful, battered by a very strong fixture list, which has prevented the team from getting going. It has also been hampered by a chronic shortage of players which has made it extremely difficult to raise a XV. It is to be hoped next year all the injured players will return so that a strong challenge can be made for the Junior Hospitals Cup.

Dr. Burry and the captain, Tony Fallowfield, have put in a great deal of thought and effort into the 1st XV this season. This has shown some dividends, but not the winning score. The "firsts" have had their injury problems, but the major trouble has been very strong opposition. It is to be hoped for them the new year will bring the good results, as it did this time last year for the 1st XV.

APATHY

For the last year, most articles in this section have been calling out for more effort and drive, from the student body, for particular sporting activities. I have, I admit, bandied the word apathy around in this connection all too frequently. In fact, I now realise that it is totally unjustified to apply the term apathetic to the student body as a whole. I have not been alone though, as most other student organisations, whenever short of support, also scream "apathy". It is now time to put the matter right, and clarify the real issues.

Firstly, the evidence against the students being apathetic. Most students attend Guy's essentially to learn how to make a living, in a fashion which provides a modicum of contentment. In this aim, a certain level of proficiency must be attained which requires some amount of work. The amount depends on the individual's intelligence, but remains the major consumer of time. All other activities are merely ancillary, providing the trimmings to the whole education which places the various sporting and artistic activities in perspective.

As an indication that students do not spend all their time studying, one merely needs to review the multitude of clubs and societies that Guy's has within its bounds. Also, although not radical, Guy's possesses very constructive Students' and Education Committees. All these clubs provide extra-curricula activities for most students at Guy's. The term apathetic cannot therefore truthfully be applied to students as a whole.

The problem is not so much that people do not utilise their time fully, but that there is a wrong emphasis as to what they do. Putting the issue simply, students are abandoning the established sports for the more "trendy" arts societies. These students lose whatever fitness they had at school, and rapidly begin the steady physical decline to middle age. It is this abandonment of physical pursuits that should be criticised. Most specialities within medicine are sedentary and to begin such a life early, by stopping playing sports, is asking for an early "coronary". Also, there is lost, the self-discipline which is attached to all sports, and is such a necessary part of a "medic's" life. There are many other assets gained by even playing the meanest of sports, which are lost when the loafing existence is adopted. Therefore, a plea for reason, that is to those who have relinquished their sporting interests, to just use the facilities offered at Guy's, before they turn to flab.

RUGBY

Guy's 14, Rosslyn Park 30.

Encouraged by the result against Bedford the previous week, a crowd of seventy, the largest of the season, ventured down to H.O.P. to see Guy's first game against Rosslyn Park for several years.

Guy's elected to play down the slope, but from the kick-off found themselves under pressure from the full strength Park side. After seven minutes a quick heel following a half-break, resulted in a Park wing going over in the corner for a try which was well converted.

Far from discouraged by this early set-back, Guy's hit back with a series of deep kicks well followed up by wings Armstrong and Price. From such a kick, Price went over the line only to drop the ball as he was heavily tackled. A penalty following a drop out infringement, was duly kicked by Danford. Six minutes later, Danford picked up a miskicked clearance and dropped a superb goal from 40 yards to put Guys ahead.

Rosslyn Park replied with a converted try five minutes later, using an almost identical ploy as their first. Following this, Croft broke blind from a scrum near the opposition line to burrow his way through the Park back row to score. Danford converted a finely taken try, and this was from the touchline.

The fluctuating course of the game was finally settled in the next few minutes when the Park scored two minutes before and one minute after half-time. This was a disappointing turn of events since up to that time Guy's were still well in the game.

Danford added to his fine game midway through the second half with a well taken penalty, but the side found it increasingly difficult to cope with the strength of the heavier opposition pack backed up by faultless full-back play. Despite some admirable cover play by Fallowfield, another two converted tries were scored before the final whistle.

Guy's: R. Fitton, B. Armstrong, T. Druett, D. Barough, J. Price, M. Danford, C. Croft, G. Evan, J. Cembala, D. Stuart, R. Burt, R. Massey, A. Fallowfield, I. Baker, N. Allen.

HOCKEY CLUB

1st XI v. BEXLEYHEATH

Result: Lost 1—3.

Despite the result this was an entertaining game with Guy's having the edge in the first half. A well judged pass by Clark opened the way for R. Burns to chip the ball past the 'keeper. Bexleyheath equalised just before half-time with a runaway goal by the right wing.

In the second half the forwards found that building up an attack was much harder, this was mainly due to the lack of support from the half-backs. However, several good crosses from Walker on the left wing failed to produce goals. Meanwhile Bexleyheath were using the slope well with long through balls up the hill to their wings. An unlucky deflection into the circle left the ball just in front of the inside-right and the shot which followed inspired D. Milliner to make a great stop on the line—with his feet. The penalty shot was put way beyond Clark's reach. The third goal came from a similar situation only this time it was put straight in.

Considering the heavy pitch and the surface the standard of play was, on occasion, extremely good. N. Mathews played a very good first game at left-back, showing good anticipation for cutting out the pass. Guy's have played worse and won this season and there is no cause for despondency after a game as good as this one.

R.W.B.

LADIES' HOCKEY

UNITED HOSPITALS XI v. OXFORD UNIVERSITY 1st XI

Away. Score 0—4

This was the first match of the season for United Hospitals' Ladies, and Guy's were represented by three players :—

Irene Cormac—Centre-forward.
Fiona Griffiths—Left Wing.
Rosalind Thorburn—Right Back.

The U.H. team played well, quickly attacking in the first few minutes of the game. Oxford's greater experience as a team, who are Southern Universities' champions, then began to show. They scored twice in each half of the match. The U.H. team gave strong opposition and towards the end of the game were beginning to attack again.

The next match of the season against Sussex University, when the team hopes to be more successful, is planned for February.
Comment:—

All the Guy's women hockey players have played for U.H. on several occasions throughout their student life. Rosalind Thorburn and Irene Cormac were also London University players.

The enthusiasm for sport is not dead amongst the ladies of Guy's. It is significant that Guy's produced a greater number of players than any of the other London Hospitals.

The ladies need more encouragement—not derisive comments from their fellow students! Perhaps the Selection Board could help us to raise a team once more by choosing female hockey players?

Jollie Hockeystix.

SQUASH RACQUETS

THE CAPTAIN'S VII v. THE PRESIDENT'S VII

G.H.S.R.C. Thursday, 15th October.

On the occasion of his inauguration as the new President of the Club, Mr. Maynard thought that a match of seven strings would give enough people a thirst before our arrival at the Players' Theatre later that evening. Those representing the captain's side thought we ought to beat them, but not by very much, so we put out our strongest team. Now, the President also thought the match ought to be a close one and asked for someone from our side to go to a place and see some of the President's side playing and so judge the eventual side. Tony Sutherland was sent to record the standard. He was shown some players who were "not in the actual team, but of roughly the same standard sort of thing". This "representative team" was, it seemed to him, of a much lower standard than the one pinned up on the squash notice board to play against them. He reported to the captain and several changes were made. So it was with an air of confidence that we entered the match expecting to win, but hoping for a game as well.

It was only when we had actually lost that we realised that these matches are really won or lost well before the match is played. However, it was close, 4—3, with most matches going to five games. The President himself won his match in spite of playing with what he jokingly called "my squash racquet".

After the match we met for dinner in the East Wing and then, after presenting Mr. Maynard with an official tie and for that matter a more officially recognised squash racquet, went on to the Players' Theatre.

Here we were admirably entertained. At this point we would like to apologise to Dr. Joiner and any others who were at the "Players", and not members of our party, for any inconvenience experienced.

To conclude, we would like to thank Mr. Maynard for accepting our invitation to dinner and for arranging such a close match. We would also like to wish him much enjoyment as President of our club.

CUMBERLAND CUP

Guy's finished the last Cumberland Cup season in fifth position (out of six) in the third division, were beaten by the Lensbury Club in the Challenge round and demoted to the fourth division.

Consequently, it was hoped that, with some pre-season training and practice, we might be in for a successful season. Unfortunately, the other clubs in the division appear to have had the same idea!

In the first match we were rather unlucky to lose to the Metropolitan Police, early season lack of fitness being the dominant factor in a very close match. Playing away at Britannic House against B.P., Addison got the team off to a splendid start and with Owen winning the two fifth games, Guy's had built up a 2—0 lead. Unfortunately, Sutherland played a most unorthodox game and lost, the team going on to lose 2—3.

By now, the Guy's side was fitter and playing good squash. What had not been realised was that, with the incredible increase in popularity that squash has enjoyed in this country in the last few years, the standards of play at club level have rocketed. This was certainly reflected in our next two matches while we lost narrowly.

In the fifth and final match of the first series, the practice and experience gained over the season finally paid off. Against the National Westminster Bank, who were unbeaten, Collins won easily at 1, while Owen and Calvert played probably their best squash of the season, to give Guy's a 3—2 victory. This, we hope, points to a successful second half of the season when, with a little good luck and a lot of determination, we hope to avenge some of the early defeats.

vs. Metropolitan Police	Lost 1—4
vs. B.P.	Lost 2—3
vs. Barclay's Bank	Lost 1—4
vs. Finchley Manor	Lost 1—4
vs. National Westminster Bank	Won 3—2

Team from: Collins, Sutherland, Owen, Thorburn, Enfield, Addison, Lewis, Calvert and MacKenzie.

J. Owen

UNIVERSITY OF LONDON LEAGUES

As a result of last year's success, the league team was promoted to the second division and, in the first half of this season, appears to have justified their promotion. The team was very variable both in personalities and in squash ability and was, consequently, inconsistent. Among the first string players, Chris Langdon, Paul Calvert and Tony Edwards distinguished themselves, either by preventing a whitewash or by consolidating a winning position. Guy's appears to have a shortage of middle-order players, and our team was often composed of 1st team players at the same time as those who would prefer to be thought of as administrators.

Edward Evans added a touch of professionalism, in his match against the King's College hospital first string, with sweat bands and other accessories the more humble players dare not display. Nevertheless, his match was very close and he did very well to win.

Generally, in the second half of the season we reckon to beat those teams that beat us in the first half and tactfully lose to the others. We can always comfort ourselves, when we lose, with the fact that the league team is a social event—and when we win we feel rather pleased.

Results:

vs. I.C.B.	Lost 0—4
vs. S.I.B.S.	Won 4—0
vs. Q.E.C.I.	Won 4—0
vs. International Hall	Won 3—1
vs. U.C.H.	Drawn 2—2
vs. K.C.H.	Lost 1—3
vs. I.C.H.	Lost 1—3

Teams from: Ellis, Calvert, Edwards, Langdon, E. Evans, MacKenzie, Yetton, Boyce, Gilbert, Paisey, Harrison, D. Evans.

C. Ellis

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior Registrar** in Child Psychiatry with duties to commence on 1st January 1971 or as soon as possible thereafter until 30th September, 1971. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, not later than **23rd December, 1970.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** in Clinical Pathology at St. Olave's Hospital, S.E.16, with duties to commence as soon as possible. Opportunities will be available for promotion to those wishing to make a career in Clinical Pathology. Forms of application are available from and should be returned to the Superintendent, Guy's Hospital, S.E.1, not later than **23rd December, 1970.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of locum **Junior Lecturer** in the Anatomy Department (part-time) and Assistant to the Director of the Student Health Service (part-time) for a period of four months from 1st January, 1971. Forms of application are obtainable from and should be returned to the Dean, Guy's Hospital Medical School, S.E.1.

PASS LIST

UNIVERSITY OF LONDON

Ph.D.

Beryl A. Milner
G. A. Butcher

M.Sc.

D. J. Lovelock
G. P. Wilkin

Third M.B., B.S.

Part I

C. C. Baker
J. L. Bates
R. G. A. Behrman
D. Bellamy
A. J. Camm
S. R. D. Coles
Irene D. Cormac
B. Dick
Rosalind C. S. Dow
T. Dutta
H. K. C. Fan-Lun
Angela W. Godsmark
R. A. Gude
S. R. Hammond
J. G. G. Hanley
P. R. Harrison
T. W. Higenbottom
Alison P Hill
S. D. Horsley
C. J. L. Logan
D. Macdiarmid
J. K. Mackenzie
M. A. Mansell
M. R. Masser
M. S. Nielsen
F. O. Nwator
S. J. D. O'Keefe
N. R. Pashley
G. Peters
P. W. L. Ribet
Linda J. Rockall
C. G. Rowland
R. H. Savage
M. Schroder
R. G. Speight
R. S. Stanley
Rosalind J. Thorburn
A R. Valentine
Frances E. Jones
N. A. G. Jones
B. R. Kenning
Jean M. Knox
A. Lalani
Vivien A. Leask
R. J. Wainwright
D. E. Ward
R. D. Ward
J. A. H. Wass
Deirdre C. T. Watson

Part II

J. A. Quant
C. B. Vulliamy
M. N. Vellacott

Part III

B. F. Akasheh
D. L. Edbrooke
F. O. Nwator
J. A. Quant
J. R. M. Ross
A. R. Sutherland
M. N. Vellacott
C. B. Vulliamy

Part IV

B. F. Akasheh
C. J. C. Cox
F. O. Nwator
M N. Vellacott

ROYAL COLLEGE OF SURGEONS OF ENGLAND

D.Orth.

J. C. Bennett
T. J. C. Hall
A. R. Lynch

First L.D.S.

I. C. Dutton
S. B. Frost
R. Hartley
J. R. T. Hayward
R J. Ibbetson
N. M. King
C. P. McCarthy
T. P. McDonnell
M. D. Morris
G. F. O'Connor
D. R. Pickering
A. M. Quilty
G. Yeates

Final L.D.S.

Part I

Y. N. Punwar

Part III

M. Adkins
B. S. Avery
B. M. W. Bailey
R. D. Barough
J. C. Beckerson
G. P. Booth
D. K. Briggs
L. J. Clare
D. R. Crofts
A. M. Evans
P. J. Evans
G. R. Farrant
W. G. Gill
H. Greenaway
W. F. Haines
H. C. Hodge
P. G. Jenkins
R. J. Lane
R. V. Leeburn
J. F. McClure
J. P. McDonald
J. N. Palfreyman
B. A. Parker
D. F. Pascoe
K Pittel
D. Powell
M. D. Powell-Cullingford
S. M. Ratcliffe
E. E. Richards
P. D. Robinson
S. F. Roper
D. Searle
P. Sharples
E. J. Shillitoe
M. Smith
J. Stock
J W. Toplis
A. J. Walter
P. J. M. Watson
G N. Wolffe
B. A. Wooster
B. A. Wright

FINAL STATE EXAMINATION

OCTOBER 1970

Bech, H. A.
Blackwell, C. M.
Boynton, F. G.
Brinton, C. M.
Brooks, J. E.
Bruce, P. M.
Bryant, S. R.
Cockbill, J. B.
College, M. E.
Comba, J. T.
Culpan, W. A.
(née Kinsman))
Eccles, V. L. I.
Funnell, R. E.
Gawkrodger, M. E.
Hare, R.
Ibbotson, J. D.
Leathley, J.
Leech, R. (née Wall)
Lindley, D. E.
Lucy, Elizabeth Anne
Lucy, Rosemary Clare
Lynch, B. J.
Maxted, S. A.
Melvill, S. J.
Mew, V. S.
Miller, A. D.
Moir, E. A. M.
Noble, J. L.
O'Connell, F. M.
Osborne, A. P. R.
Pearson, M. A
(née Sills)
Pugson, J. E.
Quin, J. C.
Rendall, S. C. S.
Schruers, J. M.
South, M. R.
Stokes, J. L.
Tansey, A.
Taylor, C. P.
Thomas, C. V.
Thorpe, G. E.
Tustin, C. C.
Wade, S. E.
Walker, B. M.
Watson, M. L.
James, E. M.
McGinley, E. M.
Stringer, P. E
Watkins, P.
Whitehead, A.
Aburn, C. D.
Catt, M. A
Grove, R. V.
(née Chatfield)
Hebblethwaite, A. K.
James, M. J.
Johnston, P. J.
McDowell, S A.
Mason, R.
Withers, E. H.
Wood, E. A.

CHARTERED SOCIETY OF PHYSIOTHERAPY

FINAL EXAMINATION—NOVEMBER, 1970

Evans, E. M.
Hutchins, J. A.
Lewton-Brain, D. C.
Lyons, R. J.
MacLachlan, J. M.
(Mrs.)
Sechiari, A.
Smith, M. G. E. F.
Stone, A. D. H.
Swann, D. M. D.

BIRTHS

MILNER—To Dawn (née Woodruff) and Paul Milner of 41, Beeston Geen, Sandy, Beds, on 19th November, the gift of a son, Daniel Peter. A brother for Jason and Sophie.

WARIN—On 10th November, 1970 in Victoria Ward, to Andrew and Judy, a daughter Joanna Frances, a sister for Fiona.

DEATH

JOHNSON—On 2nd December, 1970, most peacefully in Somerset, after 24 years of stressful ill-health, Gertrude le Quesne, aged 85, eldest daughter of the late Dr. Theodore Martin, widow of Frederick Harold Johnson, who died 1929. Indomitable, proud, talented and devoted mother of Denise, Peter, and Anne. Gertrude Johnson's family, would like to express profound thanks to the many members of the Guy's Family who showed such warm concern and interest during her visits to Guy's 1962—1968. Absolutely no letters please.

PERSONAL

HASTINGS—Young Associate/Assistant required with or without view, by 3 Guy's men in congenial long-established expanding 5-man practice. Excellent surgery, chair-side assistant, secretary and reception, own lab. Scope for all branches of dentistry. Generous remuneration. Excellent flat available above surgeries on sea front. Box No. 2/11.

PARTNERSHIP of six, including three Guy's men seeks replacement partner. Six month assistantship, obstetrics essential. Appointment system, ancillary staff, nurses and health visitors attached, health centre planned. Pathological and radiological facilities, good off duty. Apply to J. D. F. Bellamy, Eastern House, Hurstpierpoint, Sussex. Tel: 2121.

SUDDEN DEATH (aged 56) of eldest of three University of London doctors. Assistant with a view needed. Golden opportunity for a young enthusiast. Dr. Lansdown, 205 Sanderstead Road, Sanderstead, South Croydon, Surrey. CR2 0PN.

CHANGES OF ADDRESS

Raymond and Ann (née Wiseman) Albert, 3, Holmdene Avenue, Mill Hill, London, N.W.7.

Dr. and Mrs. M. J. B. Farebrother, 9 Buckstone Row, Edinburgh, EH10 6TW.

M. A. Gillow, Esq., B.D.S., "Hillcrest", 5a Crescent Street, Cottingham, E. Yorkshire.

Dr. and Mrs. C. V. Harries, "Leecote", 23 Merrivale Lane, Ross-on-Wye, Herefordshire.

Dr. H. C. Meredith, 19 Omana Avenue, Epsom, Auckland, New Zealand.

Mr. and Mrs. P. M. O'Driscoll, Orchard House, Gatton Bottom, Merstham, Surrey. Tel: Merstham 3755.

Lt.-Col. W. J. Pryn, R.A.M.C., British Military Hospital, Dhekelia, B.F.P.O. 53.

W. L. Renouf, Esq., L.D.S., 12 Burlington House, St. Saviour's Road, St. Helier, Jersey, C.I. (Practice address: private address unaltered.)

Mr. Guy Sprigings, 418 Copnor Road, Hillsea, Portsmouth, Hants.

Mrs. Dorothy Wilson (née Smith), Moray House, Yelverton, now at: "Little Croft", 26 Greenhill Road, Farnham, Surrey. Tel: Farnham 6044.

PAPERS BY GUY'S MEN

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